

Durable Power of Attorney For Health Care Disclosure Statement

BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you when you are no longer capable of making them yourself. "Health care" means any treatment, service or procedure to maintain, diagnose or treat your physical or mental condition. Your agent, therefore, can have the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment.

You may describe in this document any treatment you do not desire or treatment you want to be sure you receive. Your agent's authority will begin when your doctor certifies that you lack the capacity to make health care decisions. You may attach additional pages if you need more space to complete your statement.

Your agent will be obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent will have the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care providers before you sign it to make sure that you understand the nature and range of decisions which may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is a legal matter in this document that you do not understand, you may want to ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust and must be at least 18 years old. If you wish to appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home or residential care home other than a relative), that person will have to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want him or her to be your health care agent. You should discuss this document with your agent and give him or her the original signed copy.

You should indicate on the document itself the people and institutions who will have photocopies of the original. Your agent will not be liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing him or her or your health care provider orally or in writing.

This document may not be changed or modified once you have signed it. If you want to make changes in the document, you must make an entirely new one.

You may wish to appoint an alternate agent in the event that your agent is unwilling, unable or ineligible to act as your agent. Any alternate agent you select will have the same authority as the agent to make health care decisions for you.

Witness Procedures

This power of attorney will not be valid unless it is signed in the presence of two (2) or more qualified witnesses who must both be present when you sign or acknowledge your signature. *The following persons may not act as witnesses:*

- the person you have designated as your agent or alternate agent;
- your health or residential care provider or any of his/her employees;
- your spouse;
- your lawful heirs or beneficiaries named in your will or a deed;

creditors or persons you have a claim against you.