

**-OFFICIAL-  
MEDICAL POWER OF ATTORNEY FORM**

**I. NOTICE** - This legal document grants you (Hereinafter referred to as the “Principal”) the right to appoint someone else (Hereinafter referred to as the “Medical Attorney-in-Fact”) to act on the Principal’s behalf ONLY in the event that the Principal becomes incapacitated which is described as; **A medical physician stating verbally or in writing that the Principal can no longer make medical care decisions for them self.** The Principal has every right to all their medical decision making power up to that point in time. The Principal may include restrictions or requests pertaining to the medical decision making power of the Medical Attorney-in-Fact. It is the intent of the Medical Attorney-in-Fact to act in the Principal’s wishes put forth, or, to make medical decisions that fit the Principal’s best interest. Except for the Principal, all parties authorizing this agreement must be at least 18 years of age and acting in under no false pressures or outside influences. Upon authorization of this Medical Power of Attorney Form it will revoke any previously valid Medical Power of Attorney Form.

**II. MEDICAL INFORMATION** - Upon the Principal’s incapacitation, the Medical Attorney in Fact has every right to: Receive information about proposed medical care for the Principal, review any and all of the Principal’s medical records, and to the disclosure of all the Principal’s medical records.

**III. REVOCATION** - The Principal has the right to revoke this Medical Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:

- A. Informs their attending physician either directly or indirectly.
- B. Authorizes a new Medical Power of Attorney Form.
- C. Authorize a Power of Attorney Revocation Form.

**IV. WITNESS & NOTARY** - This document is not valid as a Medical Power of Attorney unless it is acknowledged before a notary public or is signed by at least two adult witnesses who are present when the Principal signs or acknowledges the Principal’s signature. No person who is related to the Principal by blood, marriage, or adoption may be a witness. The Medical Attorney-in-Fact, Principal’s attending physician, and the administrator of any nursing home in which you are receiving care also are ineligible to be witnesses. If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

**V. PRINCIPAL** - I, \_\_\_\_\_, residing at  
*Name of Principal*

\_\_\_\_\_  
*Street Address of Principal*

City of \_\_\_\_\_, State of \_\_\_\_\_, appoint  
*City of Principal* *State of Principal*  
the following as my Medical Attorney-in-Fact, whom I trust with any and all my  
medical decision making in the event that I should become incapacitated:

**VI. MEDICAL ATTORNEY-IN-FACT** - \_\_\_\_\_, residing at  
*Name of Medical Attorney-in-Fact*

\_\_\_\_\_  
*Street Address of Medical Attorney-in-Fact*

City of \_\_\_\_\_, State of \_\_\_\_\_ grant  
*City of Medical Attorney-in-Fact* *State of Medical Attorney-in-Fact*  
the Medical Attorney-in-Fact the legal authority to act on my behalf for any  
power legal under law in regard to my medical decisions under the State of  
\_\_\_\_\_  
*State*

By signing this Medical Power of Attorney Form the Medical Attorney-in-Fact  
accepts this appointment and to act in the Principal's best interest. This  
Medical Power of Attorney Form may be revoked by the Principal at anytime  
and is automatically by law void upon the Principal's death.

The Medical Attorney-in-Fact includes making any medical decisions on my  
behalf and as set forth below.

**VII. TERMS & CONDITIONS** - If the Principal has authorized a Living Will or  
Directive to Physicians, and it is still in effect, I direct that my Medical  
Attorney-in-Fact abide by the directions that I have set forth in that document.  
If at any time the Principal should have an incurable injury, disease, or illness  
which has been certified as a terminal condition by the Principal's attending  
physician and one additional physician, both of whom have personally  
examined the Principal, and such physicians have determined that there can be  
no recovery from such condition and the Principal's death is imminent, and  
where the application of life prolonging procedures would serve only to  
artificially prolong the dying process, then:

The Principal appoints the Medical Attorney-in-Fact to assure that such  
procedures be withheld or withdrawn, and that the Principal be permitted to  
die naturally with only the administration of medication, the administration of

nutrition and/or hydration, or the performance of any medical procedure deemed necessary to provide me with comfort, care, or to alleviate pain.

If at anytime the Principal should have been diagnosed as being in a persistent incurable state unconsciousness which has been certified as incurable by the Principal's attending physician and one additional physician, both of whom have personally examined the Principal, and said physicians have determined that there can be no recovery from such condition, and where the application of life prolonging procedures would serve only to artificially prolong the dying process, then:

The Principal direct that my Medical Attorney-in-Fact assure that such procedures be withheld or withdrawn, and that the Principal be permitted to die naturally with only the administration of medication, the administration of nutrition and/or hydration, or the performance of any medical procedure deemed necessary to provide me with comfort, care, or to alleviate pain.

**The following statements only apply if the Principal signs below this line**

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*Signature of Principal*

However, if at any time the Principal should have been diagnosed as being in a permanent state of unconsciousness which has been certified as incurable by the Principal's attending physician and one additional physician, both of them whom personally examined the Principal, and such physicians have determined that there can be no recovery from such condition, the Principal also directs that the Medical Attorney-in-Fact have sole authority to order the withholding of any aid, including the administration of nutrition, hydration, and any other medical procedure deemed necessary to provide me with comfort, care, or to alleviate pain.

If the Principal is able to communicate in any manner, including even blinking my eyes, I direct that my health care representative try and discuss with me the specifics of any proposed medical decision.

If the Principal has any further terms and conditions, state them here:

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*Other Terms and Conditions*

I, the Principal, fully understand the terms under this Medical Power of Attorney Form, as well as fully acknowledge the acceptance of the Medical Attorney-in-Fact that will conduct all medical decision making on my behalf. I have full faith and confidence in their judgment to either serve out my wishes or in my best interest as stated above. Furthermore, shall I not able to make

medical decisions on my own, I grant my Medical Attorney-in-Fact to decide the following on my behalf:

1. To give informed consent to any health care procedure;
2. To sign any documents necessary to carry out or withhold any health care procedures on my behalf; including any waivers or releases of liabilities required by any health care provider;
3. To give or withhold consent for any health care or treatment;
4. To revoke or change any consent previously given or implied by law for any health care treatment;
5. To arrange for or authorize my placement or removal from any health care facility or institution;
6. To require that any procedures be discontinued, including the withholding of any medical treatment and/or aid, including the administration of nutrition, hydration, and any other medical procedure deemed necessary to provide me with comfort, care, or to alleviate pain, subject to the conditions earlier provided in this document.
7. To authorize the administration of pain-relieving drugs, even if they may shorten my life.

**VIII. ACKNOWLEDGEMENT BY PRINCIPAL** - I, the Principal, declare that all wishes with respect to medical decision making powers be carried out through the authority that I have herein provided to my Medical Attorney-in-Fact, despite any contrary wishes, beliefs, or opinions of any members of my family, relatives, or friends. Also, I have read the document, and understand the full importance of this appointment, and I am emotionally and mentally competent to make this appointment of Medical Attorney-in-Fact. I intend for my Medical Attorney-in-Fact under this Medical Power of Attorney Form to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by Health Insurance Portability and Accountability Act of 1996 (otherwise known as "HIPAA"), 42 USC 1320d and 45 CFR 160-164.

I acknowledge that I have read the document. I understand the full importance of this appointment. I am over 18 years of age and I am emotionally and mentally competent to make this appointment of Medical Attorney-in-Fact.

Date\_\_\_\_\_

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Signature of Principal Granting Medical Power of Attorney and Appointing Medical Attorney-in-Fact (*Signed in Front of Notary Public*)

### Witness Attestation

I, \_\_\_\_\_, the first witness, and I \_\_\_\_\_  
*Printed Name of First Witness* *Printed Name of Second Witness*

the second witness, sign my name to the foregoing power of attorney being first duly sworn and do not declare to the undersigned authority that the principal signs and executed this instrument as him or her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
*Signature of First Witness*

\_\_\_\_\_  
*Signature of Second Witness*

## Notary Acknowledgement

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed,  
Sworn and acknowledged before me by \_\_\_\_\_, the  
Principal, and subscribed and sworn to before me by \_\_\_\_\_,  
witness, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Notary Public

In and for the County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Seal

### Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, \_\_\_\_\_ have read the attached power of attorney  
*Name of Attorney-in-Fact*

and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall make medical decisions to the best interest of the principal; I shall exercise reasonable caution and prudence; and I shall exercise such decisions with the utmost diligence.

\_\_\_\_\_  
*Signature of Attorney-in-Fact*

\_\_\_\_\_  
*Date*

### Acceptance of Appointment as successor Attorney-in-Fact

I, \_\_\_\_\_ have read the attached power of  
*Name of successor Attorney-in-Fact*

attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that accept my appointment as Successor Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall make medical decisions to the best interest of the principal; I shall exercise reasonable caution and prudence; and I shall exercise such decisions with the utmost diligence.

\_\_\_\_\_  
*Signature of Successor Attorney-in-Fact*

\_\_\_\_\_  
*Date*