

# HEALTH CARE PROXY

*(This document has equal authority under the law in its original or photocopied form. PHL 2984(1))*

(1) I, \_\_\_\_\_ hereby appoint (*Agent*) \_\_\_\_\_  
Agent's Address: \_\_\_\_\_  
Agent's Tel. (w): \_\_\_\_\_ Tel. (h): \_\_\_\_\_ Tel. (c): \_\_\_\_\_  
as my Health Care Agent to make all health care decisions for me, if I become unable to make my own health care decisions. My Agent's authority shall be unlimited, except as stated below.

(2) *Optional: Place initials in brackets [ ] next to desired provisions.*

(A) My Agent & alternate Agent know my wishes re: artificial nutrition & hydration...[ ]

(B) If I am suffering from severe pain, I urge my Agent to seek complete relief, including terminal sedation, from an expert in pain management.....[ ]

(C) I authorize my Agent to consent to the donation of my organs and any tissues, for the use of another person or for research .....[ ]

(D) If I am unable to feed myself, I refuse my consent to hand-feeding.....[ ]

(E) If my Agent's decisions are not honored, I direct my Agent to consult with my attorney and seek court enforcement, as necessary .....[ ]

(3) Name of substitute or alternate Agent if the person I appointed is unable, unwilling or unavailable to act  
Name: \_\_\_\_\_ Agent's Address: \_\_\_\_\_  
Agent's Tel.(w): \_\_\_\_\_ Tel.(h): \_\_\_\_\_ Tel. (c): \_\_\_\_\_

(4) While this proxy is in effect, it is intended to authorize my Agent, as my personal representative, to obtain access to all individually identifiable health information to which I would be entitled, pursuant to HIPAA. Unless I revoke it, this proxy shall remain in effect indefinitely, or as stated:  
\_\_\_\_\_

(5) Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
Your Address \_\_\_\_\_

*Statement by Witness (must be 18 or older and not nominated as an Agent or alternate Agent)*

I declare that the person who signed this document is personally known to me and appears to be acting of his or her own free will. The person signed (or asked another to sign ) this document in my presence.

Witness 1 \_\_\_\_\_  
Address \_\_\_\_\_

Witness 2 \_\_\_\_\_  
Address \_\_\_\_\_

*Courtesy of the Law Offices of Natalie J. Kaplan  
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