

To My Health Care Agent, From _____

I have completed a Health Care Power of Attorney document, and in that document, I have appointed you as my Health Care Agent. I want you to have the following important information about your duties as my health care agent:

1. Your role as my Health Care Agent is to make health care choices for me if I am no longer able to make those decisions for myself. My physician will determine when I have lost the ability to make health care decisions.
2. I will provide you a copy of the Health Care Power of Attorney document that appoints you as my Health Care Agent. If I have included in that document any special instructions for you or any limitations on the decisions you can make for me, I will tell you about those. You should follow those instructions and respect those limitations, even if they are different from the choices you might make for yourself.
3. As my Health Care Agent, you will have the authority to make many health care decisions on my behalf. This authority includes the ability to:
 - access my medical information,
 - make decisions about who provides my medical care,
 - admit me to and discharge me from a health care facility (including a mental health facility), assisted living facility or nursing home.
 - withhold or withdraw any life-prolonging measures,
 - authorize an autopsy,
 - direct the disposition of my body after death, and
 - give consent for any tests, procedures or surgeries.

If I do not want you to have the authority for any of these duties, I have stated so in the health care power of attorney document.

4. I am relying on you to make health care choices on my behalf if I am no longer able to do so. I ask that you make treatment choices for me based on my goals and desires about what kind of care I should receive. It is very important, therefore, that we take time to discuss my desires, goals, and hopes for medical treatment so that you will know what kind of care I want.
5. If I need medical care and am unable to make my own treatment decisions, please discuss my medical condition and treatment options with my physicians and other health care providers. Please ask them for any medical information you need, and ask them to explain anything you don't understand. The information they provide will help you to make informed decisions about what treatment I would prefer.
6. If, at some later time, you decide that you can no longer serve as my health care agent, please let me know. That will allow me to appoint someone else as my health care agent. Likewise, if I decide at some future time to appoint another person as my health care agent, I promise to let you know. Either decision will release you from any further responsibilities as my health care agent.

I accept appointment as your health care agent. _____

Health Care Agent Signature

Date