

Medical Durable Power of Attorney

I, _____ declare that if I have become incapacitated and cannot make personal and health care decisions for myself, I authorize the following person as my agent to consent to, approve on my behalf or refuse on my behalf any medical or other professional care, counsel, treatment or service to me by any licensed or certified professional person or institution engaged in the practice of or providing a healing art. My agent shall have full authority to make any and all decisions for me regarding my health care.

For purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules, all health care providers shall treat my acting health care agent as my Personal Representative. As required by 45 CFR 164.524, I hereby expressly authorize any physician, hospital and any other person or organization to release and disclose to my agent any information any of them may have concerning any treatment, diagnosis, recommendation, or other facts which they may have concerning my physical condition and any health care, counsel, treatment, or assistance provided to me. My Personal Representative may authorize disclosure of my protected health information to others. Health care providers covered by HIPAA include, but are not limited to, the physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, insurance company, and health care clearinghouses.

Name _____ Relationship _____

Address _____

If the person I have named above is unable to act on my behalf, I authorize the following person to act as my agent:

Name _____ Relationship _____

Address _____

I have discussed my wishes with these persons and trust their judgment on my behalf.

In accordance with my state's law, I declare that in the event any of my organs and/or tissue can be utilized for donation to another person upon my death, it is my express desire that my agent authorize and advocate such anatomical gift(s) at that time. My agent shall have the final decision-making authority to sign any documents related to anatomical gift(s) on my behalf.

This Power of Attorney shall be effective immediately upon the date set forth below and shall not be affected by my subsequent incapacity.

