

I WANT MY AGENT TO HAVE FULL POWER TO MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING THE POWER TO:

- 1. CONSENT OR NOT CONSENT TO MEDICAL PROCEDURES AND TREATMENTS WHICH MY DOCTORS OFFER, INCLUDING THINGS THAT ARE INTENDED TO KEEP ME ALIVE, LIKE VENTILATORS AND FEEDING TUBES;
- 2. DECIDE WHO MY DOCTOR AND OTHER HEALTH CARE PROVIDERS SHOULD BE; AND
- 3. DECIDE WHERE I SHOULD BE TREATED, INCLUDING WHETHER I SHOULD BE IN A HOSPITAL, NURSING HOME, OTHER MEDICAL CARE FACILITY, OR HOSPICE PROGRAM.

I ALSO WANT MY AGENT TO:

- 1. RIDE WITH ME IN AN AMBULANCE IF EVER I NEED TO BE RUSHED TO THE HOSPITAL. AND
- 2. BE ABLE TO VISIT ME IF I AM IN A HOSPITAL OR ANY OTHER HEALTH CARE FACILITY.

THIS ADVANCE DIRECTIVE DOES NOT MAKE MY AGENT RESPONSIBLE FOR ANY OF THE COSTS OF MY CARE.

THIS POWER IS SUBJECT TO THE FOLLOWING CONDITIONS OR LIMITATIONS:
(OPTIONAL; FORM VALID IF LEFT BLANK)

D. HOW MY AGENT IS TO DECIDE SPECIFIC ISSUES

I TRUST MY AGENT'S JUDGMENT. MY AGENT SHOULD LOOK FIRST TO SEE IF THERE IS ANYTHING IN PART II OF THIS ADVANCE DIRECTIVE THAT HELPS DECIDE THE ISSUE. THEN, MY AGENT SHOULD THINK ABOUT THE CONVERSATIONS WE HAVE HAD, MY RELIGIOUS OR OTHER BELIEFS AND VALUES, MY PERSONALITY, AND HOW I HANDLED MEDICAL AND OTHER IMPORTANT ISSUES IN THE PAST. IF WHAT I WOULD DECIDE IS STILL UNCLEAR, THEN MY AGENT IS TO MAKE DECISIONS FOR ME THAT MY AGENT BELIEVES ARE IN MY BEST INTEREST. IN DOING SO, MY AGENT SHOULD CONSIDER THE BENEFITS, BURDENS, AND RISKS OF THE CHOICES PRESENTED BY MY DOCTORS.

E. PEOPLE MY AGENT SHOULD CONSULT
(OPTIONAL; FORM VALID IF LEFT BLANK)

IN MAKING IMPORTANT DECISIONS ON MY BEHALF, I ENCOURAGE MY AGENT TO CONSULT WITH THE FOLLOWING PEOPLE. BY FILLING THIS IN, I DO NOT INTEND TO LIMIT THE NUMBER OF PEOPLE WITH WHOM MY AGENT MIGHT WANT TO CONSULT OR MY AGENT'S POWER TO MAKE THESE DECISIONS.