
~~(4) MY AGENT'S AUTHORITY BECOMES OPERATIVE (INITIAL THE OPTION THAT APPLIES):~~

~~[] WHEN MY ATTENDING PHYSICIAN AND A SECOND PHYSICIAN DETERMINE THAT I AM INCAPABLE OF MAKING AN INFORMED DECISION REGARDING MY HEALTH CARE; OR~~

~~[] WHEN THIS DOCUMENT IS SIGNED.~~

~~(5) MY AGENT IS TO MAKE HEALTH CARE DECISIONS FOR ME BASED ON ANY HEALTH CARE INSTRUCTIONS I GIVE IN THIS DOCUMENT AND ON MY WISHES AS OTHERWISE KNOWN TO MY AGENT. IF MY WISHES ARE UNKNOWN, MY AGENT IS TO MAKE HEALTH CARE DECISIONS FOR ME IN ACCORDANCE WITH MY BEST INTERESTS, TO BE DETERMINED BY MY AGENT IN LIGHT OF MY PERSONAL VALUES AS OTHERWISE KNOWN TO MY AGENT.~~

~~(6) MY AGENT SHALL NOT BE LIABLE FOR THE COSTS OF TREATMENT BASED SOLELY ON THIS AUTHORIZATION.~~

HEALTH CARE DECISION MAKING FORMS

THE FOLLOWING FORMS ALLOW YOU TO MAKE SOME DECISIONS ABOUT FUTURE HEALTH CARE ISSUES. FORM I, CALLED A "LIVING WILL", ALLOWS YOU TO MAKE DECISIONS ABOUT ~~LIFE-PROLONGING~~ LIFE-SUSTAINING PROCEDURES IF, IN THE FUTURE, YOU HAVE YOUR DEATH FROM A TERMINAL CONDITION IS IMMINENT DESPITE THE APPLICATION OF LIFE-SUSTAINING PROCEDURES OR YOU ARE IN A PERSISTENT VEGETATIVE STATE. FORM II, CALLED AN "ADVANCE DIRECTIVE", ALLOWS YOU TO SELECT A HEALTH CARE AGENT, GIVE HEALTH CARE INSTRUCTIONS, OR BOTH. IF YOU USE THE ADVANCE DIRECTIVE, YOU CAN MAKE DECISIONS ABOUT ~~LIFE-PROLONGING~~ LIFE-SUSTAINING PROCEDURES IN THE EVENT OF TERMINAL CONDITION, PERSISTENT VEGETATIVE STATE, OR END-STAGE CONDITION. YOU CAN ALSO USE THE ADVANCE DIRECTIVE TO MAKE ANY OTHER HEALTH CARE DECISIONS.

THESE FORMS ARE INTENDED TO BE GUIDES. YOU CAN USE ONE FORM OR BOTH, AND YOU MAY COMPLETE ALL OR ONLY PART OF THE FORMS THAT YOU USE. ALSO, DIFFERENT FORMS MAY ALSO BE USED.

PLEASE NOTE: IF YOU DECIDE TO SELECT A HEALTH CARE AGENT THAT PERSON MAY NOT BE A WITNESS TO YOUR ADVANCE DIRECTIVE. ALSO, AT LEAST ONE OF YOUR WITNESSES MAY NOT BE A PERSON WHO MAY FINANCIALLY BENEFIT BY REASON OF YOUR DEATH.