

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I, _____, appoint _____

who currently resides at _____

and can be reached at phone number () _____
as my health care representative who is authorized to act for me in all matters affecting my health in accordance with Indiana Code 16-36-1 et seq. at any time when I am unable to make health care decisions for myself.

This authority includes, but is not limited to the power:

1. To employ or discharge servants, companions, nurses or doctors to care for me.
2. To admit me to, or release me from any hospital, nursing home or healthcare facility.
3. To access any of my medical records.

Further, I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care, including but not limited to the provision of artificial nutrition and hydration. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant care givers. To the extent appropriate, my health care representative my also discuss this decision with my family and others, to the extent they are available.

I authorize my health care representative to delegate all or part to any eligible individual who has not been disqualified as provided in Indiana Code 16-36-1, et seq.

This appointment shall not be affected by my subsequent disability or incapacity or by lapse of time.

DATED this _____ day of _____, 20_____.

Signature

Name Printed

Address

I declare that, at the request of the above-named individual making the appointment, I witnessed the signing of this document.

Signature

Name Printed

Address