Power of Attorney for Health Care of Martha Smith

Important Information for the Maker

You have the right to give instructions about your own health care. You also may name someone else to make health-care decisions for you. This document lets you name another person as your agent to make health-care decisions for you if you become incapable of making your own decisions. Even if you complete an advance health-care direction, it can't possibly anticipate all future circumstances that could arise. A health-care agent can interpret your wishes and what is best for you and then direct your physicians and health-car providers.

Think carefully about whom you'll appoint as your agent. It should be someone you trust completely, and who's prepared to make difficult decisions. Your agent must not be an owner, operator, or employee of a residential long-term health-care institution at which you are receiving care, unless he or she is your relative. Talk to the person you want to name as your agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke or replace this power of attorney for health care at any time.

How to contact my Health-Care Agent

I name Sarah Smith Jones as my Health-Care Agent to make Health-Care Decisions for me.

If that person is not willing, able, or reasonably available to make a Health-Care Decision for me, I name T. Grange Nabor as my alternate Health-Care Agent.

Using the remainder of this page, write telephone numbers, e-mail addresses, mailing addresses, and other information to help a health-care provider contact your agents.

Summary Table of Contents

Durable Power of Attorney for Health Care

I designate the Persons named on the preceding page as my Health-Care Agent and alternate Health-Care Agent to make Health-Care Decisions for me.

Agent's authority

I authorize my Health-Care Agent to make all Health-Care Decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of Health Care to keep me alive.

Except as otherwise specified in my Power of Attorney for Health Care, my Health Agent is authorized to:

- consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;
- select or discharge Health-Care Providers;
- approve or disapprove diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and
- direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of Health Care.

Further, my Health-Care Agent has every power that I can provide under relevant Law.

I specifically grant my Health-Care Agent to confirm or make an organ donation to the extent provided by my Advance Health-Care Directive, an organ-donor card that I signed or adopted, or an indication on my driver's license or other official document.

When my Agent decides for me

My Health-Care Agent's authority becomes effective when a Physician Finds that I am unable to make or communicate my own Health-Care Decisions.

How my Agent decides

I request that my Health-Care Agent use reasonable efforts to make decisions consistent with my Advance Health-care Directive. To the extent that my Advance Health-care Directive does not state guidance, I request that my Health-Care Agent use reasonable efforts to make decisions consistent with my other wishes known to my Health-Care Agent. To the extent that my Health-Care Agent does not know my wishes, my Health-Care Agent will make Health-Care Decisions following what my Health-Care Agent Finds is in my best interests. In Finding my best interests, my Health-Care Agent will consider my personal values known to my Health-Care Agent.

Guardian

If there is a petition that a court appoint a Guardian for my person, I request that the court appoint my Health-Care Agent as the Guardian of my person. To the extent that State Law permits me to nominate a Guardian, I nominate my Health-Care Agents – in the order named - as the Guardian of my person.

General provisions, construction, and interpretation

To the extent not precluded by Applicable Law, not only my primary Physician but also any attending or treating Physician may Find that I lack or have recovered Capacity, that I am unable to make or communicate my own Health-Care Decision, or that another condition exists that affects whether a Health-Care Provider must or may follow a direction of my Health-Care Agent.

A Health-Care Provider is protected from liability for acting (or refraining from acting) according a reasonable interpretation of my Health-Care Agent's instruction.

This Power of Attorney for Health Care revokes and replaces every earlier power of attorney for health care that I made.

A copy of this document, my revocation of it, or a Health-Care Agent's resignation has the same effect as the original.

This document might include or permit some formalities or evidence more than as required by Applicable Law. By doing so, I do not intend to provide any requirement or condition not imposed by Applicable Law. The absence of a formality not required by Applicable Law must not be construed to suggest any defect in the execution of my Advance Health-Care Directive.

Definitions

"Applicable Law"
means Federal Law or State Law to the extent that the Law governs my Advance Health-Care Directive, my Power of Attorney for Health Care, or a Health-Care Decision concerning me.

"Advance Health-Care Directive"
refers to the general and particular directions stated by this document.

"Capacity"
refers to my ability to understand the significant benefits, risks, and alternatives to proposed Health Care and to make or communicate a Health-Care Decision.

"Church"
includes a church, temple, synagogue, mosque, or other body of a Religion.

"Federal Law"
means Law other than State Law of the United States of America.

"Find" or "Finding"
refers to my Health-Care Agent's or a Physician's decision, determination, finding, or conclusion of any kind.

"Good Faith"
means honesty in fact, awareness of the provisions of my Advance Health-Care Directive and Power of Attorney for Health Care, observance of fiduciary principles, and seeking advice when a reasonably prudent Person in similar circumstances would seek advice.

"Guardian"
refers to a Person - other than my Health-Care Agent or a Surrogate when acting without a court appointment - who is the guardian, conservator, or similar office holder that under relevant Law has authority to care for the person of me as an Incapacitated Person.

"Health Care"
include any medicine, treatment, service, procedure, custodial care, or other care to diagnose, maintain, or otherwise affect my physical or mental condition. Health Care includes non-medical remedial treatment based in Religious belief, custom, or practice.

"Health-Care Agent"
refers to the Person who has power to make a Health-Care Decision and otherwise act for me under my Power of Attorney for Health Care to make a Health-Care Decision for the individual granting the power.

"Health-Care Decision"
means a decision concerning my Health Care, including selection and discharge of Health-Care Providers; approval or disapproval of diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and directions to provide, withhold, or withdraw artificial nutrition and hydration and any other Health Care.

"Health-Care Provider"
refers to a Person, whether a Natural Person or an Organization (and including a hospital, hospice, nursing home, residential-care facility, home health agency, or other health-care institution), who or that is licensed, certified, registered, or otherwise authorized or permitted by Law to provide Health Care as the practice of a profession or in the ordinary course of his, her, or its business.

"Incapacitated Person"
refers to a Natural Person who under relevant Law has been found to be incompetent or incapacitated to manage his or her person.

"I" or "me" or "my"
refers to Martha Smith, the maker of this my Advance Health-Care Directive.

"Law"
means any statute, regulation, rule, decision, or order of the United States of America (or another nation), a State, a State's political subdivision, or any court or government agency of any of them.

"Maker"
refers to Martha Smith.

"Minister"
includes a minister, priest, rabbi, shaman, or other leader, convener, or teacher concerning a Religion.

"Power of Attorney for Health Care"
refers to this document.

"Religion"
refers to any system of faith, worship, or belief concerning a supreme being or supernatural forces. Religion includes the beliefs of a Native American Indian tribe, and includes anything that a court decision has recognized as religion.

"Natural Person"
means a human being.

"Organization"
means a Person other than a Natural Person.

"Person"
includes a Natural Person, a corporation, a limited-liability company, an unincorporated association, a partnership, a joint venture, a trust, an estate, and anything that is a person within the meaning of Applicable Law.

"Personal Representative"
refers to a Person who is authorized to receive my protected health information, or consent to or authorize the disclosure of my protected health information, and includes my Health-Care Agent.

"Physician"
includes any Natural Person authorized to practice medicine or osteopathy under relevant Law.

"State"
means any of the 50 states of the United States of America, the District of Columbia, the Commonwealth of Puerto Rico, and American Samoa, Guam, the Northern Mariana Islands, the Virgin Islands, and other territories and possessions of the United States of America, or the jurisdiction of a Native American Indian tribe.

"Surrogate"
refers to a Natural Person, other than my Health-Care Agent or Guardian, who is authorized under Applicable Law to make a Health-Care Decision for me.

"Swear" or "Sworn"
includes making or having made a legally sufficient affirmation or otherwise qualifying or having qualified under Law, especially if the Person making an acknowledgment, affidavit, or other solemn statement has a religious or conscientious objection to swearing an oath.

Signing my Power of Attorney for Health Care

This is my durable Power of Attorney for Health Care. I ask the Persons whose names appear on the following page to be my witnesses. In the presence of them, I declare that this is my Power of Attorney for Health Care.

_____ _____

Today's date Martha Smith

Witnesses' statement

Each of us states that the following is true and correct:

The "Maker" refers to Martha Smith.

All of the oral and written statements and acts described below occurred on the date written below.

The Maker requested us to act as witnesses to the execution of, and declared to us that this document is, her Power of Attorney for Health Care.

We now, at the Maker's request, and in the Maker's and one another's presence, sign below as witnesses.

We believe that the Maker is of sound mind.

We believe that this document was not procured by duress, menace, fraud, or undue influence.

The Maker is age 18 or older.

Each of us is age 21 or older, is a competent witness, and is not a disqualified Health-Care Provider.

Each of us resides at the address set forth after his or her name.

_____	_____
Today's date	name: address: city-state-zip:
_____	_____
Today's date	name: address: city-state-zip:
_____	_____
Today's date	name: address: city-state-zip:

Although some States do not require any witness for the execution of a health-care document and most of the States that require witnesses require no more than two, this page includes spaces for three witnesses; but the Maker does not intend to suggest any condition not imposed by Applicable Law, and an absence of anything from this page must not be construed to suggest any defect in the execution of this document.

Maker's acknowledgment

State (or Commonwealth) of _____
County (or Parish) of _____

I, Martha Smith, signed my name to this instrument on the date written next to my signature, and being first duly Sworn or qualified according to law, do now hereby declare to the undersigned authority that I signed it willingly (or willingly directed another to sign for me), and executed this instrument as my free and voluntary act for the purposes therein expressed, and that I was then and am now 18 years of age or older, of sound mind, and under no constraint or undue influence.

_____ _____
Today's date Martha Smith

Sworn to or affirmed and acknowledged before me, the undersigned notary or official, by the Maker named above on the date written above.

_____ _____
Date

Witnesses' affidavit

State or Commonwealth of _____
County or Parish of _____

We, the witnesses, respectively, whose names are written on and signed to the attached or foregoing instrument, being first duly Sworn or qualified according to law, do hereby declare to the undersigned authority that the Maker signed and executed the foregoing instrument and that she signed willingly (or willingly directed another to sign for her), and that she executed it as her free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence and hearing of the Maker and one another, signed the will as witness, and that to the best of our knowledge the Maker was at that time 18 years or age or older, of sound mind, and under no constraint or undue influence; and that our statements on the page captioned "Witnesses' statement" are true and correct.

_____ _____
Today's date

_____ _____
Today's date

_____ _____
Today's date

Sworn to or affirmed and subscribed to before me, the undersigned notary or official, by the witnesses named above on the date written above.

_____ _____
Date