## TENNESSEE Durable Power of Attorney For Health Care

## Warning To Person Executing This Document

This is an important legal document. Before executing this document, you should know these important facts.

This document gives the person you designate as your agent (the attorney-in-fact) the power to make healthcare decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical or other healthcare decisions for yourself so long as you can give informed consent with respect to particular decisions. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make healthcare decisions for you if your agent: (1) authorizes anything that is illegal, or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or treating physician, hospital or other healthcare provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to: (1) authorize an autopsy, (2) donate your body or parts thereof to transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

appears to be of sound mind and under no duress, fraud or undue influence.

I hereby appoint	* as my attorney-in-fact to make healthcare decisions for
me if, and only if, I am incapacitated or otherwise unable	to make such decisions for myself.
My attorney-in-fact has received an executed copy of the directions herein expressed.	s document, and has agreed to serve as my attorney-in-fact for healthcare decisions consistent with m
provider has determined that there can be no recovery fito, mechanical breathing devices, cardiopulmonary resattorney-in-fact is specifically directed to direct that such	in an irreversible coma or persistent vegetative state, and my attending physician or other healthcar om such condition or state, where the application of life-prolonging procedures (including, but not limite suscitation, and artificial nutrition and hydration) would serve only to prolong the condition or state, m procedures be withheld or withdrawn, and that I be permitted to die naturally, with only the administratio lure deemed necessary to provide me with comfortable care.
My attorney-in-fact shall have full authority to donate all c	r any part of my body, authorize an autopsy and direct the disposition of my remains.
	nedical records and to consent to their disclosure. I grant my attorney-in-fact the power and authority to cument which may be necessary in order to implement the healthcare decisions that this instrumer
In the event the above-named attorney-in-fact should for	any reason be unable or unwilling to serve as my attorney-in-fact under this instrument, I appoint
document, and has agreed to serve as my alternate attor	* to serve in such capacity. This individual also has been furnished with a copy of this
document, and has agreed to serve as my alternate attor	incy-in-ract.
Tennessee Code Annotated, Sections 34-6-201 et sea.:	durable power of attorney for health care and is intended to comply in all respects with the provisions of and all terms used in this instrument shall have the meanings set forth for such terms in the statute, unles r
Dated thisday of	in the year
*Print name, address, and telephone number	Signature of Principal
We, the undersigned witnesses, declare under penalty of	perjury under the law of Tennessee, that is personal
known to us to be the principal; that the principal signer appears to be of sound mind and under no duress, frauc that neither of us is a healthcare provider, an employe healthcare institution. We further declare under penalty	I and acknowledged this Durable Power of Attorney for Health Care in our presence; that the principal, or undue influence; that neither of us is the person appointed as attorney-in-fact by this instrument; an e of a healthcare provider, the operator of a healthcare institution, or an employee of an operator of a perjury under the laws of Tennessee that we are not related to the principal by blood, marriage, coordinates the principal by blood, marriage, coordinates the principal under any will or codicil of the principal under any will or codicil or the principal under any will be under the principal under an
OTATE OF TENNIESSEE	Signature of Witness
STATE OF TENNESSEE	
COUNTY OF	Signature of Witness
On this day of in the year _	, before the undersigned Notary Public, personally appeared, satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged
that a	equited it. I declare under penalty of periupy that the person whose name is subscribed to this instrument

Notary Public

My commission Expires: