

ADVANCE DIRECTIVES OF _____

To Any Physician Who Is Treating Me, this document contains the following: 1. My Appointment of A Health Care Representative 2. My Living Will or Healthcare Instructions 3. My Document of Anatomical Gift 4. The Designation of My Conservator Of The Person For My Future Incapacity As my physician, you may rely on these health care instructions and decisions made by my health care representative or conservator of my person, if I am unable to make a decision for myself. I choose not to appoint a health care representative, please go to the next page. _____ (Initial here)

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I appoint _____ to be my health care representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and unable to reach and communicate an informed decision regarding treatment, my health care representative is authorized make any and all health care decisions for me, including the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition and the decision to provide, withhold or withdraw life support systems, except as otherwise provided by law which excludes for example psychosurgery or shock therapy. I direct my health care representative to make decisions on my behalf in accordance with my wishes, as stated in this document or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes. If

_____ is unwilling or unable to serve as my health care representative, I appoint _____ to be my alternative health care representative. I further instruct that as required by law my attending physician disclose to my health care representative protected health information regarding my ability to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment at the representative's request made at any time after I sign this form. 1 I choose not to provide Health Care Instructions, please go to the next page. _____ (Initial here)