# Health Care Proxy

(with living will directives)

I .................................................................................................................. hereby appoint
Person giving this proxy

**Agent**

..................................................................................................................
Name of agent

..................................................................................................................
Home address

..................................................................................................................

..................................................................................................................
Telephone number of agent

as my health care agent to make any and all health care decisions for me, except to the extent I state otherwise.

This health care proxy shall take effect in the event I become unable to make my own health care decisions.

*NOTE: Although not necessary, and neither encouraged nor discouraged, you may wish to state instructions or wishes, and limit your agent's authority. Unless your agent knows your wishes about artificial nutrition and hydration, your agent will not have authority to decide about artificial nutrition and hydration. If you choose to state instructions, wishes, or limits, please do so below:*

If a situation should arise in which there is no reasonable expectation for my recovery from extreme physical or mental disability, I direct that I be allowed to die, and not be kept alive by medications, artificial means, life support equipment or "heroic measures." I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my convictions and beliefs. I urge those concerned to take whatever action necessary, including legal action, to fulfill my wishes and directions.

I additionally direct the following by checking the box and writing my initials next to the desired provisions.

☐ ............. 1. I do not wish artificial nutrition.

☐ ............. 2. I do not wish artificial hydration.

☐ ............. 3. I wish to live out my last days at home rather than in a hospital if it does not jeopardize the chance of my recovery to a meaningful and conscious life and does not impose an undue burden on my family.

☐ ............. 4. If any of my tissues or organs are sound and would be of value as transplants to other people, I freely give my permission for such donations.

☐ ............. 5. ..........................................................................................................................

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I DIRECT MY AGENT to make health care decisions in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him or her.

In the event the person I appoint above is unable, unwilling or unavailable to act as my health care agent, I hereby appoint

**Alternate Agent**

..............................................................................................................
Name of agent

..............................................................................................................
Home address

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..............................................................................................................
Telephone number of alternate agent

as my health care agent.

I UNDERSTAND THAT, unless I revoke it, this will remain in effect indefinitely or until the date or occurrence of the condition I have stated below:

*Please complete the following if you **DO NOT** want this health care proxy to be in effect indefinitely:*

This proxy shall expire: ..............................................................................................................
Specify date or condition

..............................................................................................................

**Signature**

.............................................................................................................. ...............................
Date

..............................................................................................................
Address

..............................................................................................................

I DECLARE THAT the person who signed or asked another to sign this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence and that person signed in my presence. I am not the person appointed as agent by this document.

**Witnesses**

| | |
|---|---|
| .................................... Date | .................................... Date |
| ............................................................. Signature | ............................................................. Signature |
| ............................................................. Print name | ............................................................. Print name |
| ............................................................. Address | ............................................................. Address |
| ............................................................. Zip Code | ............................................................. Zip Code |
| .................................... Telephone | .................................... Telephone |

New York State PHL § 2980

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Date of proxy

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Person giving proxy

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Agent

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Afternate Agent


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