New York Health Care Proxy

(1) I, _____, hereby appoint:

Agent's Name: _____

Agent's Home Address: _____

Agent's Telephone Numbers: _____

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

This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint:

Alternate's Name: _____

Alternate's Home Address: _____

Alternate's Telephone Numbers: _____

(3) Unless I revoke it, this proxy shall remain in effect indefinitely or until the date or condition I have stated below. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy will expire **(specify date or conditions):**

_____

_____

(4) Optional Instructions: I direct my agent to make health decisions in accordance with my wishes and limitations as stated below, or as he or she otherwise knows. **(attach additional pages as necessary)**

_____

_____

My agent knows my wishes regarding artificial nutrition and hydration.

(5) Your Identification (please print)

Your Name: _____

Your Signature: _____ Date: _____

Your Address: _____

(6) Optional: Organ and/or Tissue Donation

Upon my death, I wish to donate my organs, tissues or body parts: (check any that apply and note limitations)

_____ Any needed organs and/or tissues

_____ Only the following organs and/or tissues:

_____

My donation is for the following:

___transplant ___therapy ___research ___education ___any use

Your Signature: _____ Date:_____

(7) Statement by Witnesses (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)

I declare that the person who signed this document is known to me and appears to execute this proxy willingly and of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Name of Witness 1 (please print): _____ Date: _____

Signature: _____

Address: _____

Name of Witness 2 (please print): _____ Date: _____

Signature: _____

Address : _____