

## To My Health Care Agent

I have completed a Health Care Power of Attorney (HCPOA) documents, and in that document, I have appointed you as my Health Care Agent. I want you to have the following important information about your duties as my Health Care Agent:

1. Your role as my Health Care Agent is to make health care choices for me if I am no longer able to make those decisions for myself. My physician will determine when I have lost the ability to make health care decisions.
2. I will provide you a copy of the Health Care Power of Attorney document that appoints you as my Health Care Agent. **READ THE DOCUMENT. NOT ALL ARE THE SAME.** I may have included in that document special instructions for you or any limitations on the decisions that you can make for me. You should follow those instructions and respect those limitations, even if they are different from the choices you might make for yourself.
3. As my Health Care Agent, you will have only authority given in the Health Care Power of Attorney to make many health care decisions on my behalf. This authority may include the ability to:
  - access my medical information,
  - make decisions about who provides my medical care,
  - admit me to and discharge me from a health care facility, assisted living facility or nursing home,
  - withhold or withdraw any life-prolonging measures,
  - authorize an autopsy,
  - direct the disposition of my body after death, or
  - give consent for any tests, procedures, or surgeries.

If I do not want you to have the authority for any of these duties, I have stated that in the Health Care Power of Attorney document. **READ MY DOCUMENT.**

4. I am relying on you to make health care choices on my behalf if I am no longer able to do so. I ask that you make treatment choices for me based on **my** goals and desires about what kind of care I should receive. If is very important, therefore, that we take time to discuss my desires, goals, and hopes for medical treatment so that you will know what kind of care I want.
5. If I need medical care and am unable to make my own treatment decisions, please discuss my medical condition and treatment options with my physicians and other health care providers. Please ask them for any medical information you need and ask them to explain anything you don't understand. The information they provide will help you to make informed decisions about what treatment I would prefer. When you have a chance to review these documents, please discuss with me the health care decisions I have made.
6. **If you ever have to sign your name to any medical papers including billing matters for me, please sign your name and follow it with the phrase "health care agent".** By signing in this fashion on all documents, you generally would not become personally responsible for the medical debt, unless my Agent is also my spouse.
7. If, at some time later, you decide that you can no longer serve as my Health Care Agent, please let me know as that will allow me to appoint someone else as my Health Care Agent. Likewise, if I decide at some future time to appoint another person as my Health Care Agent, I promise to let you know. Either decision will release you from any further responsibilities as my Health Care Agent.