

DESIGNATION OF HEALTH CARE SURROGATE

I, _____, make this a definitive statement of my desires:

If or when it is determined that I am no longer able to give my own informed consent for health care and medical treatment decisions, I wish to designate the person named below to make and communicate those decisions for me (*health care surrogate*):

Name: _____
Address: _____
City _____ State _____ Zip: _____ Phone: _____

If the person named above is unwilling or unable to make health care and medical treatment decisions for me, I wish to designate the person named below as my *alternate health care surrogate*:

Name: _____
Address: _____
City _____ State _____ Zip: _____ Phone: _____

I fully understand that this document:

- Permits the person(s) I named above to make health care and medical treatment decisions on my behalf;
- Permits the person(s) I named above to provide, withhold or withdraw consent for health care and medical treatment on my behalf;
- Permits the person(s) I named above to apply for public financial assistance to help pay for my health care costs;
- Permits the person(s) I named above to authorize my admission to or transfer from a health care facility;
- Excludes organ donation decisions, unless I have filled out an official organ donor form.

Use the space below if you have additional instructions for the health care surrogate:

I will notify and send a copy of this document to the people named above, and to the following additional people named below so they will know who my surrogate is.

Name: _____ Name: _____
Phone _____ Phone _____

I am not completing this document as a requirement for treatment or admission to a health care facility.

My Signature _____ My name (printed) _____ Date _____

INSTRUCTIONS: Witnesses must be 18 years old or older. The people named as surrogate and alternate surrogates must not sign this document as witnesses. At least one person who signs as a witness must not be the spouse or an immediate family member of the person who is completing this document.

witness signature

witness name (print)

address

phone number

witness signature

witness name (print)

address

phone number