

APPOINTMENT OF
HEALTH CARE REPRESENTATIVE/
ATTORNEY IN FACT FOR HEALTH CARE

I. Appointment of Health Care Representative;
Terms and Conditions.

I, _____, voluntarily appoint _____, whose address and telephone number are: _____, as my health care representative and attorney in fact for health care (hereafter "health care representative"), who is authorized to act for me in all matters of health care in accordance with IC 16-36-1 and IC 30-5, except as otherwise specified below.

This appointment is to be exercised in good faith and in my best interest subject to the following terms and conditions (if any): _____.

II. General Powers of Health Care Representative.

Without in any way limiting the powers of my health care representative, my health care representative shall have the following powers:

1. To employ or contract with servants, companions or health care providers to care for me.
2. To consent to or refuse health care for me.
3. To admit or release me from a hospital or health care facility.
4. To have access to records, including medical records, concerning my condition, and to receive all medical information regarding me from any physician, nurse, hospital and/or other medical provider or health care facility or institution.
5. To make anatomical gifts on my behalf.
6. To request an autopsy.
7. To make plans for the disposition of my body.

III. Specific Powers Regarding Refusal or Discontinuance of Care.

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

Naturally, I desire to have health care instituted and/or continued if the treatment in question is beneficial and not excessively burdensome. In making such decisions my attorney in fact may consider whether

the treatment may give me a realistic chance to recover from whatever illness or infirmity that I may have, and if such recovery is not possible or probable, whether the treatment may extend a meaningful and enjoyable life. However, in instituting and/or continuing health care, I am more concerned with the quality of my life than with the quantity or mere extension of my life.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative must also discuss this decision with my family and others, to the extent they are available.

Further and without in any way limiting the powers of my health care representative, I authorize my health care representative to refuse and/or to discontinue, among others, the following treatments: surgery, dialysis, chemotherapy, radiation, electrical or mechanical resuscitation of my heart when it has stopped beating, nasogastric tube feedings or other feedings or hydration by artificial means when I am paralyzed and/or otherwise unable to swallow, and mechanical respiration when my brain or body can no longer sustain my own breathing.

Finally and without in any way limiting the powers of my health care representative, I do not wish to be maintained or kept alive in a coma or permanent vegetative state, and I authorize my health care representative in this regard to refuse and/or to discontinue all treatment and/or therapy and/or other care which would allow me to continue or to be maintained in such a state.

IV. Conditions of Effectiveness; Delegation of Powers.

This appointment becomes effective and remains effective if I am incapable of consenting to my health care. I do authorize my health care representative hereby appointed to delegate decision making power to another.

Dated this _____ day of _____, 20_____.

Name

Address

I declare that I am an adult at least eighteen (18) years of age and that at the request of the above-named individual making the appointment, I witnessed the signing of this document by the Appointor on the date noted above.

, Witness

Address