

Power of Attorney for Health Care Agent
Signing Instructions

- This document must be signed in front of a notary public
- **Before signing this document fill in all of your personal information and your agent's personal information highlighted in yellow;** it is not necessary to designate a successor agent (just leave the successor information blank if there is no successor)
- **Sign and date on page 4** in front of the notary
- Have the notary notarize your signature on page 4
- If available, have your designated agent sign before a notary on page 6 (note that it is not necessary for your designated agent to sign until he or she needs to use the POA, so page 6 can be left unsigned and un-notarized)
- Once the document is signed, keep it in a safe, fire-proof, place, but do not put it in a bank safe deposit box
- If possible, give a copy to your agent and let your agent know where the original is kept
- **DO NOT ALTER THE WORDING OF THIS DOCUMENT**

**POWER OF ATTORNEY
- FOR -
MY HEALTH CARE AGENT**

CAUTION TO THE PRINCIPAL: YOUR POWER OF ATTORNEY IS AN IMPORTANT DOCUMENT. AS THE "PRINCIPAL," YOU GIVE THE PERSON WHOM YOU CHOOSE (YOUR "AGENT") AUTHORITY TO SPEND YOUR MONEY AND SELL OR DISPOSE OF YOUR PROPERTY DURING YOUR LIFETIME WITHOUT TELLING YOU. YOU DO NOT LOSE YOUR AUTHORITY TO ACT EVEN THOUGH YOU HAVE GIVEN YOUR AGENT SIMILAR AUTHORITY.

WHEN YOUR AGENT EXERCISES THIS AUTHORITY, HE OR SHE MUST ACT ACCORDING TO ANY INSTRUCTIONS YOU HAVE PROVIDED OR, WHERE THERE ARE NO SPECIFIC INSTRUCTIONS, IN YOUR BEST INTEREST. "IMPORTANT INFORMATION FOR THE AGENT" AT THE END OF THIS DOCUMENT DESCRIBES YOUR AGENT'S RESPONSIBILITIES.

YOUR AGENT CAN ACT ON YOUR BEHALF ONLY AFTER SIGNING THE POWER OF ATTORNEY BEFORE A NOTARY PUBLIC.

YOU CAN REQUEST INFORMATION FROM YOUR AGENT AT ANY TIME. IF YOU ARE REVOKING A PRIOR POWER OF ATTORNEY, YOU SHOULD PROVIDE WRITTEN NOTICE OF THE REVOCATION TO YOUR PRIOR AGENT(S) AND TO ANY THIRD PARTIES WHO MAY HAVE ACTED UPON IT, INCLUDING THE FINANCIAL INSTITUTIONS WHERE YOUR ACCOUNTS ARE LOCATED.

YOU CAN REVOKE OR TERMINATE YOUR POWER OF ATTORNEY AT ANY TIME FOR ANY REASON AS LONG AS YOU ARE OF SOUND MIND. IF YOU ARE NO LONGER OF SOUND MIND, A COURT CAN REMOVE AN AGENT FOR ACTING IMPROPERLY.

YOUR AGENT CANNOT MAKE HEALTH CARE DECISIONS FOR YOU. YOU MAY EXECUTE A "HEALTH CARE PROXY" TO DO THIS.

THE LAW GOVERNING POWERS OF ATTORNEY IS CONTAINED IN THE NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15. THIS LAW IS AVAILABLE AT A LAW LIBRARY, OR ONLINE THROUGH THE NEW YORK STATE SENATE OR ASSEMBLY WEBSITES, WWW.SENATE.STATE.NY.US OR WWW.ASSEMBLY.STATE.NY.US.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I, [REDACTED], residing at

[REDACTED], hereby appoint:

Name: [REDACTED]

Residence Address: [REDACTED]
[REDACTED]

Telephone Number: [REDACTED]

Relationship (if any): [REDACTED]

as my primary agent to act for me as authorized in this power of attorney.

As my alternate agent, I appoint:

Alternate's Name: [REDACTED]

Residence Address: [REDACTED]
[REDACTED]

Telephone Number: [REDACTED]

Relationship (if any): [REDACTED]

By instrument dated today, entitled "Health Care Proxy and Living Will" (my "Health Care Proxy"), which I executed immediately prior to the execution of this instrument, I have appointed the persons named above as my primary health care agent and alternate health care agent, respectively. I intend that the person acting at any time as my health care agent shall also act as my agent under this instrument, and all references below to my Agent are to the person then so acting.

By this instrument I intend to create a durable power of attorney which will enable my Agent to take all action which he or she may deem appropriate or helpful in connection with health care decisions made by such person as my health care agent, including, without limitation, any action to implement such decisions.

I authorize my Agent to receive all medical information and medical, clinical, and other records relating to the provision of my health care, to have all my rights regarding the use and disclosure of my individually identifiable health information or other medical records, and to make decisions relating to the past, present or future payment for the provision of my health care. This release of authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka

“HIPAA”), 42 USC 1320d and 45 CFR 160-164 and by providing this release, my Agent is acting as my personal representative pursuant to HIPAA.

The foregoing grants of authority to my Agent shall be construed broadly and shall include, without limitation, the authority to sign on my behalf all forms, waivers and releases required for my admission to or treatment at any hospital, nursing home, or other health care institution; to consent to the disclosure of my medical and hospital records; to employ and to discharge any of my health care providers, and, in connection therewith, to move me from one jurisdiction to any other; to file insurance claims and to enforce the provisions of any insurance contract relating to my health care; to obligate me for the payment of all costs and expenses incurred in connection with my health care even though such costs and expenses may be uninsured; and to execute any documents and to do all other things appropriate or helpful in exercising the authority given by this power of attorney which I would be able to do myself if I then possessed the capacity to do so.

This power of attorney shall take effect upon the written declaration of my Agent that my attending physician has determined that I am unable to make my own health care decisions for purposes of my Health Care Proxy.

This power of attorney shall not be affected by my subsequent disability or incompetence.

Any invalid, ineffective, or unenforceable provision of this instrument shall not affect any of its other provisions or the appointment of my Agent.

This instrument may be executed in multiple counterparts.

I fully understand the purpose and effect of this power of attorney and sign it after careful deliberation.

This document shall not revoke any powers of attorney previously executed by me, nor shall this document revoke any other powers of attorney executed by me on the date hereof. This document shall not revoke any power executed as part of a contract I signed or for the management of any bank or securities account or for dealing with health care matters. In order to revoke a prior power of attorney or other power of attorney executed by me on the date hereof, I will execute a revocation specifically referring to the power to be revoked.

This power of attorney shall not be revoked by any subsequent power of attorney I may execute, unless such subsequent power specifically provides that it revokes this power of attorney by referring to the date of my execution of this document.

Whenever two or more powers of attorney are valid at the same time, the agents appointed on each shall act separately, unless specified differently in the documents.

In Witness Whereof I have hereunto signed my name on _____,
2020.

Principal signs here:=>_____

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

On the _____ day of _____, in the year 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared [_____], personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual executed the instrument.

Notary Public

IMPORTANT INFORMATION FOR THE AGENT:

WHEN YOU ACCEPT THE AUTHORITY GRANTED UNDER THIS POWER OF ATTORNEY, A SPECIAL LEGAL RELATIONSHIP IS CREATED BETWEEN YOU AND THE PRINCIPAL. THIS RELATIONSHIP IMPOSES ON YOU LEGAL RESPONSIBILITIES THAT CONTINUE UNTIL YOU RESIGN OR THE POWER OF ATTORNEY IS TERMINATED OR REVOKED. YOU MUST:

- (1) ACT ACCORDING TO ANY INSTRUCTIONS FROM THE PRINCIPAL, OR, WHERE THERE ARE NO INSTRUCTIONS, IN THE PRINCIPAL'S BEST INTEREST;**
- (2) AVOID CONFLICTS THAT WOULD IMPAIR YOUR ABILITY TO ACT IN THE PRINCIPAL'S BEST INTEREST;**
- (3) KEEP THE PRINCIPAL'S PROPERTY SEPARATE AND DISTINCT FROM ANY ASSETS YOU OWN OR CONTROL, UNLESS OTHERWISE PERMITTED BY LAW;**
- (4) KEEP A RECORD OF ALL RECEIPTS, PAYMENTS, AND TRANSACTIONS CONDUCTED FOR THE PRINCIPAL; AND**
- (5) DISCLOSE YOUR IDENTITY AS AN AGENT WHENEVER YOU ACT FOR THE PRINCIPAL BY WRITING OR PRINTING THE PRINCIPAL'S NAME AND SIGNING YOUR OWN NAME AS "AGENT" IN EITHER OF THE FOLLOWING MANNERS: (PRINCIPAL'S NAME) BY (YOUR SIGNATURE) AS AGENT, OR (YOUR SIGNATURE) AS AGENT FOR (PRINCIPAL'S NAME).**

YOU MAY NOT USE THE PRINCIPAL'S ASSETS TO BENEFIT YOURSELF OR ANYONE ELSE OR MAKE GIFTS TO YOURSELF OR ANYONE ELSE UNLESS THE PRINCIPAL HAS SPECIFICALLY GRANTED YOU THAT AUTHORITY IN THIS DOCUMENT, WHICH IS EITHER A STATUTORY GIFTS RIDER ATTACHED TO A STATUTORY SHORT FORM POWER OF ATTORNEY OR A NON-STATUTORY POWER OF ATTORNEY. IF YOU HAVE THAT AUTHORITY, YOU MUST ACT ACCORDING TO ANY INSTRUCTIONS OF THE PRINCIPAL OR, WHERE THERE ARE NO SUCH INSTRUCTIONS, IN THE PRINCIPAL'S BEST INTEREST. YOU MAY RESIGN BY GIVING WRITTEN NOTICE TO THE PRINCIPAL AND TO ANY CO-AGENT, SUCCESSOR AGENT, MONITOR IF ONE HAS BEEN NAMED IN THIS DOCUMENT, OR THE PRINCIPAL'S GUARDIAN IF ONE HAS BEEN APPOINTED. IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR YOUR RESPONSIBILITIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.

LIABILITY OF AGENT:

THE MEANING OF THE AUTHORITY GIVEN TO YOU IS DEFINED IN NEW YORK'S GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15. IF IT IS FOUND THAT YOU HAVE VIOLATED THE LAW OR ACTED OUTSIDE THE AUTHORITY GRANTED TO YOU IN THE POWER OF ATTORNEY, YOU MAY BE LIABLE UNDER THE LAW FOR YOUR VIOLATION.

AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

IT IS NOT REQUIRED THAT THE PRINCIPAL AND THE AGENT(S) SIGN AT THE SAME TIME, NOR THAT MULTIPLE AGENTS SIGN AT THE SAME TIME.

I, [REDACTED], have read the foregoing Power of Attorney. I am the person identified therein as agent for the principal named therein.

I acknowledge my legal responsibilities.

Agent signs here:=> _____

STATE OF NEW YORK)
) ss.:
COUNTY OF [REDACTED])

On the [REDACTED] day of [REDACTED], in the year 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared [REDACTED], personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual executed the instrument.

Notary Public

ALTERNATE AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

IT IS NOT REQUIRED THAT THE PRINCIPAL AND THE ALTERNATE AGENT(S), IF ANY, SIGN AT THE SAME TIME, NOR THAT MULTIPLE ALTERNATE AGENTS SIGN AT THE SAME TIME. FURTHERMORE, ALTERNATE AGENTS CAN NOT USE THIS POWER OF ATTORNEY UNLESS THE AGENT(S) DESIGNATED ABOVE IS/ARE UNABLE OR UNWILLING TO SERVE.

I, [REDACTED], have read the foregoing Power of Attorney. I am the person identified therein as ALTERNATE agent for the principal named therein.

Alternate Agent signs here:==>_____

STATE OF NEW YORK)
) ss.:
COUNTY OF [REDACTED])

On the [REDACTED] day of [REDACTED], in the year 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared [REDACTED], personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual executed the instrument.

Notary Public