

INFORMATION FOR MY HEALTH CARE AGENT(S)

Agent's Name _____

Alternative Agent(s) _____

Thank you for agreeing to serve as my health care agent. As my health care agent, you may be asked to make health care decisions for me if my physician determines that I am not able to make those decisions for myself.

As my health care agent, you should:

- Have a copy of my completed health care directive;
- Make it available to health care providers if necessary;
- Understand my health care wishes and preferences as stated in my health care directive;
- Be willing to take this responsibility and to follow my wishes and preferences;
- Be willing to make medical decisions for me in situations where my stated wishes don't apply or are unclear.

As my health care agent, you have the authority to make decisions about:

- Accepting, refusing, or stopping medical care including tests, procedures, treatments, medications, or life support;
- Choosing health care providers (doctors, nurses, home care or hospice agencies, nursing homes, etc.);
- Sharing my medical records as needed.

