

MEDICAL POWER OF ATTORNEY

State of [STATE]

MEDICAL POWER OF ATTORNEY

Executed effective by [PRINCIPAL NAME], of [PRINCIPAL ADDRESS], born (the "Principal").

1. Designation of Health Care Agent

The Principal appoints [AGENT NAME], of [AGENT ADDRESS], as Health Care Agent.

2. Scope of Medical Decision-Making Authority

The Agent is authorized to make all health care decisions for the Principal when the Principal lacks capacity, including: consent to or refusal of treatment, hospitalization, employment of providers, palliative care, life-sustaining treatment decisions consistent with the preferences below, and access to medical records.

3. Treatment Preferences

Life-sustaining treatment. Agent decides based on circumstances.

Artificial nutrition/hydration. Agent decides.

4. HIPAA Authorization

Pursuant to HIPAA, 45 C.F.R. §§164.502, 164.510(b), the Principal authorizes the Agent to receive and disclose the Principal's PHI, including mental health, substance abuse (subject to 42 C.F.R. Part 2), HIV/AIDS, pharmacy, billing, and genetic records.

5. Agent Disqualifications

The Agent is not the Principal's attending physician or an employee of the Principal's health care facility (except as permitted by [STATE] law).

Signature of Principal

Principal

PRINTED NAME

SIGNATURE

DATE

Acceptance by Health Care Agent

Health Care Agent

PRINTED NAME

SIGNATURE

DATE