

Download a PDF version of this form at www.health.harvard.edu/ADforms.

This form allows you, the principal, to name a person to make health care decisions for you if you are unable to do so. You should also name alternate agents in case your first agent is unavailable or unwilling to serve.

This is a general form provided for your convenience. While it meets the legal requirements of most states, it may or may not fit the requirements of your particular state. Many states have special forms or special procedures for creating advance directives, which you can find at www.health.harvard.edu/nhpco. Even if your state's law does not recognize this document, it

may still provide clear evidence of your wishes if you cannot speak for yourself.

Generally, it's not advisable to add overly specific instructions to your agent in this particular document because this can limit his or her ability to respond as you would want in the face of complex medical circumstances. If you include instructions, clearly state that they are intended only as guidance. Alternatively, try to give your agent as much guidance as you feel comfortable giving through conversations, the health decisions worksheet (Form 2, page 35), or both.

Directions

Fill in names, addresses, and contact information. After deciding which decisions you want your agent to be able to make, cross out and initial any that you do not wish to include. Be sure to comply with state requirements for agents (and witnesses, if needed). Depending on whether your state requires witnesses or notarization, or both, you must meet these rules so that the document will be valid. In a few states, your agent may be asked to sign an acceptance or acknowledgement form before acting as agent.

See "Who needs to have your advance directives?" on page 23 for guidance on where to store your directives and whom to give copies to.

Requirements for agents

To comply with most of the legal variations across all the states, your agent should be at least 18 years old (19 in Alabama and Nebraska) and should not be

- your health care provider, including the owner or operator of a health or residential or community care facility serving you
- an employee (or spouse of an employee) of your health care provider
- serving as health care agent for 10 or more people.

For more information, go to www.health.harvard.edu/state-limits.

Requirements for witnesses

Some states allow notarization as an alternative to two witnesses. Each state has rules regarding witness disqualification (that is, who cannot serve as a witness to sign these documents). Check your own state's requirements, but to cover virtually all variations in state law, choose witnesses who are at least 18 years old (19 years old in Alabama and Nebraska) and who are not

- the individual appointed as agent or alternate agent
- related to you by blood, marriage, or adoption
- your health care provider, including the owner or operator of a health, long-term care, or other residential or community care facility serving you
- an employee of your health care provider
- financially responsible for your health care
- an employee of your life or health insurance provider
- a creditor of yours or entitled to any part of your estate under a will or codicil, by operation of law
- entitled to benefit financially in any other way during your life or as a result of your death.

I, _____, appoint
Print your name here as it appears on your driver's license or birth certificate

_____ as my health care agent.
Agent's name

Agent's address

Phone numbers, fax number, email address

If this person is unwilling, unable, or unavailable to act, or if I revoke his or her appointment, I designate the following person to act for me in making my health and medical decisions:

_____ Name of first alternate agent

_____ Address

_____ Phone numbers, fax number, email address

If neither of the above people is available, or if I revoke both of their appointments, my next choice is:

_____ Name of second alternate agent

_____ Address

_____ Phone numbers, fax number, email address

This power of attorney shall become effective when I am no longer able to make health care decisions. This requirement will be met whenever it has been determined by one or more doctors that I cannot provide informed consent. If my state requires a different procedure, then the state's procedure should be followed. My agent shall have full authority to make health and medical decisions for me, according to what he or she thinks I would have wanted, based on any written or verbal communication we have had on the subject, other written communication I may have left, and any verbal communication I have made to others if my agent has reason to believe they are accurate statements of my preferences. I intend my agent's authority to interpret my wishes to be as broad as possible.

If a decision needs to be made on a matter about which I have left no reliable guidance, my agent shall decide what he or she thinks is in my best interests, consistent with my values, goals, and priorities as understood by my agent. My agent’s authority should include, but not be limited to, the ability to do the following. I have crossed out and initialed any statements I do not want to include:

- Consent to, refuse, or withdraw consent to any and all types of treatments, services, tests, surgeries, and care. These include but are not limited to artificial respiration (including ventilator care), artificial nutrition and hydration, dialysis, organ transplantation, and medications. This authority includes decisions that could or would allow my death.
- Request or consent to the issuance of a do-not-resuscitate order (DNR) by my attending physician, which would forgo cardiopulmonary resuscitation (CPR) when CPR will provide no benefit to me, as determined by my physician.
- Authorize admission or discharge from nursing homes, hospitals, assisted living facilities, or other similar facilities, even against medical advice if he or she believes it is what I would have wanted.
- Have the same access to medical records and information as I am entitled to, including the ability to disclose information to others.
- Hire and fire medical, health care, or support personnel as needed.
- Take any legal action needed to ensure my wishes are followed.
- Move me to another state, if need be, to carry out my wishes or to get me the care I need.
- Consent to any medications or treatments intended to provide comfort care and relieve pain, even if such actions may cause physical dependence, lead to physical damage, or hasten the moment of (but not intentionally cause) my death.
- Sign any waiver or release forms necessary.
- Authorize my participation in medical research.
- To the extent permitted by law, make decisions about organ donation, autopsy, and disposition of remains, even after my death.

Here I list any additional instructions to my agent:

Signature

Date

Witnesses

I have witnessed that the principal has signed this document in my presence while he or she was of sound mind, and not under undue influence, constraint, or duress.

I also declare that I am over 18 years of age (19 in Alabama and Nebraska) and am NOT

- the individual appointed herein as agent or alternate agent
- related to the principal by blood, marriage, or adoption
- the principal's health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the principal
- an employee of the principal's health care provider
- financially responsible for the principal's health care
- an employee of the principal's life or health insurance provider
- a creditor of the principal or entitled to any part of the principal's estate under a will or codicil, by operation of law
- entitled to benefit financially in any other way while the principal lives or as a result of the principal's death.

Witness signature #1

Printed name of witness

Address

Phone numbers, fax number, email address

Witness signature #2

Printed name of witness

Address

Phone numbers, fax number, email address

Notarization

Many states permit notarization as an alternative to two witnesses. Notarization or notarization plus two witnesses is required only in certain states. Check with the state in which you live to find out if this applies to you. Or simply go the extra step and use two witnesses and a notary to cover all possibilities.

State of _____ County of _____

On this _____ day of _____, 20 _____, the said _____,

known to me (or satisfactorily proven) to be the person named in the foregoing instrument, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that he or she freely and voluntarily executed the same for the purposes stated therein.

My commission expires: _____

Notary Public _____