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# Introduction to Health Care Proxy Agreement

A Health Care Proxy Agreement is a crucial legal document. It lets you name someone you trust as your health care agent. This person will make medical decisions for you if you can't make them yourself.

## Purpose of This Agreement

This agreement ensures your health care wishes are respected. It becomes important if you are unable to communicate your decisions. The person you appoint, your agent, will then speak for you. They will make choices that align with your values and desires.

## Who Should Have One?

Anyone who wants control over their future medical care should have a Health Care Proxy. This is especially true for adults of all ages. It is beneficial to those with chronic conditions, or anyone facing a medical procedure. By creating this proxy, you gain peace of mind. You know someone you trust will advocate for you.

## How It Works

Your agent will only act if you are unable to make your own decisions. This could be due to illness or an accident. Your doctor will determine if you lack the capacity to decide. When that happens, your agent steps in. They will work with the medical team. They will make informed decisions about your care. They will do this based on what they know about your wishes. If your wishes are unknown, the agent will make decisions based on what they believe is in your best interest.



# Designation of Health Care Agent

I, the Principal, being of sound mind, hereby designate the following individual as my Health Care Agent to make health care decisions on my behalf if I am unable to do so.

## Primary Agent

- **Name:** [Agent's Full Legal Name]
- **Address:** [Agent's Full Address]
- **Phone:** [Agent's Phone Number]
- **Email:** [Agent's Email Address]

I have selected this agent because I trust their judgment, they understand my values regarding medical treatment, and they are capable of handling stressful situations related to my health care.

## Alternate Agent

If my primary agent is unable, unwilling, or unavailable to act on my behalf, I designate the following individual as my alternate Health Care Agent:

- **Name:** [Alternate Agent's Full Legal Name]
- **Address:** [Alternate Agent's Full Address]
- **Phone:** [Alternate Agent's Phone Number]
- **Email:** [Alternate Agent's Email Address]

My alternate agent shares similar qualities to my primary agent, ensuring a consistent approach to my health care decisions.

## Agent's Authority and Responsibilities

My Health Care Agent is authorized to make all health care decisions on my behalf that I could make if I were able to do so. This includes, but is not limited to:

- Consenting to or refusing any medical treatment, procedure, or intervention.
- Accessing my medical records and information.
- Consulting with health care providers.



- Admitting me to or discharging me from any hospital, nursing home, or other health care facility.
- Making decisions about my nutrition and hydration.
- Making decisions about pain relief and comfort care.

## Specific Instructions or Limitations

I provide the following specific instructions or limitations regarding my health care preferences:

[Here, the Principal should clearly state any specific wishes or limitations regarding medical treatment. This might include preferences regarding life-sustaining treatment, pain management, or specific medical interventions. If no specific instructions or limitations, state "None."]

It is my intention that my agent act in my best interest, considering my personal values and preferences. If my agent is unsure of my wishes, they should make decisions that promote my comfort and dignity.

# Activation and Scope of Agent's Authority

## Activation of Authority

My agent's authority to make health care decisions on my behalf becomes effective if I am determined to be unable to make my own health care decisions. This determination must be made by a licensed physician. The physician will assess my capacity to understand and communicate my health care choices. Until such a determination is made, I retain the right to make all health care decisions for myself.

## Scope of Authority

My agent is authorized to make a wide range of health care decisions on my behalf. These decisions include, but are not limited to:

- Consenting to or refusing medical, surgical, and diagnostic procedures.
- Authorizing medication.
- Making decisions regarding life-sustaining treatment.



My agent shall make health care decisions based on their understanding of my wishes. If my wishes are unknown, my agent should make decisions based on what they believe to be in my best interest. My agent should consider my values, religious beliefs, and any other factors I would have considered if I were able to make my own decisions.

## **Limitations on Authority**

Even when my agent's authority is activated, there are certain limitations. My agent cannot make decisions that contradict any previously expressed wishes I have made known, either orally or in writing. If I am capable of making my own decisions, even temporarily, my agent cannot override my decisions. Additionally, my agent's authority is subject to any specific instructions or limitations outlined elsewhere in this document. My agent is expected to act in good faith and with my best interests in mind at all times.

## **Rights and Responsibilities of the Principal**

As the principal, you have specific rights and responsibilities regarding this Health Care Proxy Agreement.

### **Retaining Decision-Making Power**

You retain the right to make your own health care decisions as long as you are capable of doing so. This proxy only comes into effect if and when you are determined to be unable to make those decisions yourself.

### **Modifying or Revoking the Proxy**

You have the right to modify or revoke this Health Care Proxy Agreement at any time. To do so, you must notify both your agent and your health care providers of the change. For revocation, written notice is required to ensure clarity and to protect all parties involved.





## Ensuring Agent Awareness

It is your responsibility to discuss your health care wishes and preferences with your chosen agent. This will enable them to make informed decisions on your behalf, aligned with your values. You should provide them with as much information as possible about your medical history, treatment preferences, and any other relevant considerations.

## Providing Necessary Documentation

You should provide your agent and health care providers with a copy of this Health Care Proxy Agreement. This ensures they have the necessary documentation to act on your behalf should the need arise.

# Limitations and Exclusions of the Health Care Proxy

This Health Care Proxy grants significant authority to your agent. However, certain limitations and exclusions apply.

## Scope of Authority

Your agent's authority is limited to making healthcare decisions on your behalf. This excludes any decisions that are illegal or contrary to public policy. The agent must always act in accordance with applicable laws and ethical guidelines.

## Conflicting Directives

In the event of conflicting directives or instructions, your agent must prioritize your known wishes. They should also consult with medical professionals and ethics committees to determine the most appropriate course of action. The goal is to make decisions that align with your values and best interests.



## Exclusions Under State Law

State laws may impose additional limitations on the agent's authority. These limitations may vary depending on the jurisdiction. It is essential to understand the specific laws in your state regarding health care proxies and agent authority. Your agent cannot make decisions that are explicitly prohibited by state law.

# Revocation and Termination Procedures

This Health Care Proxy Agreement remains in effect until revoked by the principal or terminated under the conditions outlined below.

## Revocation by Principal

The principal has the right to revoke this Health Care Proxy Agreement at any time. To revoke the agreement, the principal must:

1. Notify the agent, verbally or in writing, of the revocation.
2. Notify all known health care providers and relevant institutions, verbally or in writing, of the revocation.

## Effective Date of Revocation

The revocation becomes effective immediately upon the agent and health care providers receiving notification. It is the principal's responsibility to ensure all relevant parties are informed.

## Termination

This Health Care Proxy Agreement automatically terminates upon the principal's death. It may also terminate if the principal regains the capacity to make their own health care decisions, as determined by a qualified health care professional. In such cases, the agent's authority ceases immediately.





# Legal Provisions and Compliance

This Health Care Proxy Agreement is governed by the laws of the state in which the principal resides or is located when the agreement is executed. It is the principal's responsibility to ensure this document complies with all applicable state and federal laws. Docupal Demo, LLC, located at 23 Main St, Anytown, CA 90210, United States, makes no claim that this agreement is valid in any specific jurisdiction. Acme, Inc (ACME-1), located at 3751 Illinois Avenue, Wilsonville, Oregon - 97070, USA, is responsible for adhering to these provisions.

## Validity Requirements

This Health Care Proxy Agreement becomes legally binding when the principal signs and dates the document. Depending on the state's specific requirements, the signatures of one or two witnesses may also be necessary for the agreement to be considered valid. The principal must be of sound mind when signing this document for it to be legally enforceable.

## Agent Protections

The appointed agent is protected from liability for healthcare decisions made on behalf of the principal, provided the agent acts in good faith and within the scope of authority granted by this agreement. This protection extends to decisions made based on the agent's reasonable interpretation of the principal's wishes or, if the principal's wishes are unknown, the principal's best interests.

## Compliance

This agreement is intended to comply with all relevant state and federal regulations regarding health care proxies. However, laws are subject to change, and it is advisable to consult with legal counsel to ensure ongoing compliance. This agreement does not authorize the agent to make any decisions that are illegal or contrary to the principal's known wishes or best interests.



# Frequently Asked Questions (FAQs)

This section addresses common questions regarding this Health Care Proxy Agreement.

## Understanding the Health Care Proxy

### What is a Health Care Proxy Agreement?

This agreement lets you (the principal) appoint someone you trust (the agent) to make health care decisions for you if you cannot make them yourself.

### How does a health care proxy differ from a living will?

A health care proxy appoints an agent to make decisions on your behalf. A living will outlines specific medical treatments you want or do not want to receive. They serve different, but complementary, purposes in planning your future health care.

## Agent Appointment and Authority

### Can I appoint more than one agent?

Yes, this agreement allows you to name one or more alternate agents. These alternate agents will act if your primary agent is unable or unwilling to carry out their duties.

### What authority does my agent have?

Your agent has the authority to make health care decisions on your behalf, as defined in this agreement and within the limits of the law. This may include consenting to or refusing medical treatment, accessing your medical records, and making decisions about your care.

### When does my agent's authority begin?

Your agent's authority begins only when your doctor determines that you are unable to make your own health care decisions.



## **Agent Availability and Succession**

### **What happens if my primary agent is unavailable?**

If your primary agent is unavailable, your alternate agent (if you named one) will assume the role and responsibilities of the primary agent.

### **How long does my agent's authority last?**

Your agent's authority remains in effect until you regain the ability to make your own health care decisions, or until you revoke the agreement.

## **Modifying or Revoking the Proxy**

### **Can I change or cancel this agreement?**

Yes, you can modify or revoke this agreement at any time, as long as you are of sound mind and able to make your own decisions. To do so, you must notify your agent and your health care providers of the change or revocation. Docupal Demo, LLC recommends doing this in writing.

## **Other Considerations**

### **What if my agent's decisions conflict with my wishes?**

Your agent is obligated to make decisions that align with your known wishes and values. If your wishes are not clearly known, the agent must act in your best interest.

### **Who should receive a copy of this agreement?**

You should provide copies of this agreement to your agent, any alternate agents, your primary care physician, and any other relevant health care providers. You should also keep a copy for your records.



# Sample Health Care Proxy Agreement Template

This Health Care Proxy Agreement lets you choose someone to make health care decisions for you. This person is your agent. You can use this form to say what kind of care you want or don't want.

## Section 1: Appointment of Health Care Agent

I, \_\_\_\_\_ (your name), residing at \_\_\_\_\_ (your address), hereby appoint:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

as my health care agent to make any and all health care decisions on my behalf as authorized in this document.

If the person I appointed above is unable, unwilling, or unavailable to act as my health care agent, then I appoint the following person as my alternate health care agent:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Section 2: Scope of Authority

My agent has the power to make health care decisions for me, including decisions about:

- Medical treatment
- Surgical procedures
- Medications
- Mental health treatment
- Life-sustaining treatment

My agent *cannot* make the following decisions:



- [List any limitations here. For example: My agent cannot consent to any treatment that violates my religious beliefs.]

- \_\_\_\_\_
- \_\_\_\_\_

### Section 3: Activation of Authority

My agent's authority becomes effective if I am unable to make my own health care decisions. My doctor, \_\_\_\_\_ (Doctor's Name), will determine this. An alternate doctor, \_\_\_\_\_ (Alternate Doctor's Name), can also make this determination. This determination must be in writing.

### Section 4: Instructions and Preferences

I want my agent to make health care decisions based on my wishes. These are my wishes:

- [Specific instructions about your health care preferences. For example: I want to be kept alive as long as possible, even if I am in a coma. OR I do not want to be kept alive by artificial means if there is no reasonable hope of recovery.]

- \_\_\_\_\_
- \_\_\_\_\_

If my agent does not know my wishes, they should make decisions based on what is in my best interest. My agent should consider my values when deciding what is in my best interest.

### Section 5: Other Provisions

- **Funeral Arrangements:** [Optional: Include any wishes regarding funeral arrangements.]
- **Anatomical Gifts:** [Optional: Include any wishes regarding anatomical gifts.]
- **End-of-Life Care:** [Optional: Include specific wishes regarding end-of-life care, such as hospice.]



## Section 6: Signatures

I understand the purpose and effect of this document. I am signing this document voluntarily.

Signed: \_\_\_\_\_ (Your Signature)

Date: \_\_\_\_\_ (Date)

## Section 7: Witness Attestation

We, the undersigned, declare that the principal is personally known to us, appears to be of sound mind, and has signed this Health Care Proxy Agreement in our presence.

Witness 1:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

Witness 2:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

