About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person chosen as your agent the authority to make all health care decisions for you, including doctors’ orders about life-sustaining treatment such as Long-Term Care Decisions, treatment, unless you specify otherwise in this form. A health care agent makes any treatment, service or procedure you do not want or that is not in your best interest. A health care agent has no authority to make treatment decisions for you.

2. Unless you register your agent’s knowledge about an artful medical and nutritional hydration and nourishment and water to proceed to tube feeding or intravenous feeding. A health care agent will not be allowed to refuse or to consent to these measures for you.

3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.

4. You may write on this form examples of the types of treatments that you would not want and those treatments that you want to maintain. The instructions may be used to limit the decision-making powers of your agents when you are unable to make decisions for you.

5. You do not need a lawyer to fill out this form.

6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will not be able to choose between acting as your agent or as your attending doctor. If you are a doctor, you may not be able to act as both.

7. If you are a patient or resident of a hospital, nursing home, or medical facility, there are special restrictions about choosing someone who is a doctor, your agent, or your attending doctor. If you have a doctor as your agent, the doctor may not act as your attending doctor.

8. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with the person you choose to act as your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

9. If you have named your spouse as your health care agent and you release her for a health care decision, your former spouse can no longer be your agent by law, unless you specifically allow it in this form. If you want your spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

10. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, or will have your agent have any power to object.

11. You may cancel the authority given your agent by telling your agent or by writing the agent and signing a legal document.

12. Appointing a health care agent is voluntary. No one can require you to appoint one.

13. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

SIGNED APPOINTED INSTRUMENT

HIGHLAND HOSPITAL
STRONG MEMORIAL HOSPITAL
HEALTH CARE Proxy Form

Dundie, NY 14402

Health Care Proxy Form

INFORMED GIVER SUBSCRIBENT ED

CONTINUITY OF CARE

Appointing Your Health Care Agent in New York State

There are various ways to appoint a health care agent. For example, a family member or close friend to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes, treatment will stop, or your wishes are not followed. You should choose someone who is willing to act as your agent only after you have thought through your values, priorities, and goals. You may give the person you select as your health care agent all or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she also has to follow. The form can also be used to document your wishes and instructions with regard to organ and/or tissue donation.

Frequently Asked Questions

Why should I choose a health care agent?

If you become too ill to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members should discuss your wishes and values with all parties involved before choosing the person to make decisions for you.

How do I appoint a health care agent?

You may appoint a health care agent by signing a form called a Health Care Proxy. You do not need a lawyer to fill out this form. Your agent cannot sign as a witness on your Health Care Proxy form.

How do I appoint a health care agent?

If you are over 18 years old, you can appoint a health care agent by signing a form called a Health Care Proxy. You do not need a lawyer to fill out this form. Your agent cannot sign as a witness on your Health Care Proxy form.

Can my health care agent make decisions about organ or tissue donation?

Yes. Your agent is authorized to make decisions after you have signed an organ and/or tissue donation form. Your health care agent must make decisions in accordance with the wishes that you have stated. Your agent cannot override decisions that you have made.

Who can choose a health care agent?

Your health care agent must be over the age of 18 years old and over the age of 18 years old. You may choose anyone you trust to make health care decisions for you.

How will my health care agent make decisions?

Your health care agent will make decisions based on your wishes and instructions. Your agent will act in your best interest. Your agent will be responsible for making decisions about your medical care.

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HEALTH CARE PROXY
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CONTINUITY OF CARE

(1) I, ____________________________________________

hereby appoint ____________________________________________

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint ____________________________________________

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions):

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent’s authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification (please print)

Your Name ____________________________________________

Your Signature ____________________________________________ Date ______________________

Your Address ____________________________________________

(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply)

☐ Any needed organs and/or tissues

☐ The following organs and/or tissues ____________________________________________

☐ Limitations ____________________________________________

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to donate a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature ____________________________________________ Date ______________________

(FORM CONTINUES ON BACK)