

MEDICAL POWER OF ATTORNEY

I, _____ ("Principal"), residing at _____, being of sound mind, hereby designate the following person as my Healthcare Agent to make medical decisions for me when I am unable.

1. HEALTHCARE AGENT

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to Principal: _____

2. ALTERNATE AGENT

Name: _____

Address: _____

Phone: _____ Relationship: _____

3. WHEN AUTHORITY TAKES EFFECT

This Medical POA takes effect when I am unable to make my own healthcare decisions, as certified by my attending physician.

4. POWERS OF HEALTHCARE AGENT

My Agent may:

- (a) Consent to or refuse any medical treatment
- (b) Choose healthcare providers and facilities
- (c) Access all my medical records (HIPAA authorization)
- (d) Authorize surgery and procedures
- (e) Decide on life-sustaining treatment per my wishes
- (f) Consent to pain management/palliative care
- (g) Authorize organ donation per my wishes
- (h) Make decisions about facility transfers
- (i) Hire and discharge medical personnel

5. LIMITATIONS

My Agent may NOT: _____

6. INSTRUCTIONS

My specific healthcare instructions (or refer to attached Living Will):

7. HIPAA AUTHORIZATION

I authorize my Healthcare Agent and Alternate to access all my medical records, including mental health, HIV/AIDS, and substance abuse records.

8. DURATION

This Medical POA remains in effect during my incapacity. Authority returns to me when I regain capacity. This terminates upon my death.

9. REVOCATION

I may revoke this Medical POA at any time while competent by written notice or oral statement to my doctor.

10. GOVERNING LAW

Governed by laws of the State of _____.

PRINCIPAL SIGNATURE:

Signature: _____ Date: _____

Printed Name: _____

WITNESS 1: Signature: _____ Date: _____

Printed Name: _____ Address: _____

WITNESS 2: Signature: _____ Date: _____

Printed Name: _____ Address: _____

NOTARIZATION (if required):

State of _____, County of _____

Subscribed before me on ____ day of _____, 20__.

Notary Signature: _____ Commission expires: _____

DISCLAIMER: This template is for informational purposes only and does not constitute legal advice. Laws vary by state. Consult a licensed attorney before executing this agreement.