



HEALTH CARE POWER OF ATTORNEY

I, _____

Date of Birth: _____

Appoint: _____

Name of Agent (Person who can make health care decisions for me if I cannot)

Address

Phone Numbers

Email

as my Health Care Agent to make health and personal care decisions for me if I become incapable of making my own decisions. If the person named above is unable to serve as my agent for any reason, I appoint an alternate to serve as my agent:

Name of Alternate Agent

Address

Phone Numbers

Email

This Health Care Power of Attorney shall become effective upon my incapacity. I grant the following powers to my agent:

1. To authorize my admission to or discharge from any medical, nursing residential, or similar facility and to enter into agreements for my care.
2. To authorize, refuse, or withdraw consent to any and all types of medical and surgical procedures, care, or treatment, including, but not limited to, intubation, resuscitation and nutrition or hydration administered by artificial or invasive means.

I have discussed my wishes concerning health care with my agent, who shall follow my directions to the extent known. If my agent is unable to determine what I would want, then my agent shall make a decision based upon what he or she believes to be in my best interests. I revoke any prior power of attorney for health care.

My signature below means that I understand this document and intend this to be legally binding.

Signature

Date/Time

Signature of Witness

Date/Time

Signature of Witness

Date/Time





At Penn State Health, we value peoples' rights to make decisions about their medical care. At any age, an unexpected medical condition can leave people unable to make their own healthcare decisions. Planning helps ensure people get the care they want. Selecting someone to make health care decisions for you, called a Health Care Agent, is an important step in this process.

What is a Health Care Power of Attorney (HCPOA)?

- *HCPOA is a document that identifies one or more people you trust to tell health care clinicians about your decisions for medical care, when you are unable to.*
- *HCPOA is often a part of other documents called Advance Directives or Living Wills.*

Whom should I appoint as my Health Care Agent?

Your Health Care Agent is the person you appoint to make decisions about your health care when you are unable to make those decisions yourself.

- Your Health Care Agent may be a family member or a close friend whom you trust to make serious decisions. This person should clearly understand your wishes and agree to accept the responsibility of making health care decisions for you. It is important to inform your HCPOA of their role.
- You have the option to appoint a second person as your alternate Health Care Agent. The alternate would step in if the first person you name is unable, unwilling, or unavailable.
- You may not appoint a health care provider who is involved in your care.
- You may not appoint an employee of your health care provider unless this person is a relative who is not providing health care services to you.

What if I am physically unable to sign the form?

- If unable to sign, you may specifically direct another individual to sign and date on your behalf.

Who can witness the Health Care Power of Attorney document?

This document must be witnessed by 2 adults, 18 years of age or older, preferably a member of your family or a friend.

- A witness cannot be you, your designated Health Care Agent, an individual signing the document on your behalf (if you are physically unable to sign) or a health care provider who is involved in your care

When does the Health Care Power of Attorney take effect?

- After being signed and dated in the presence of two witnesses, the HCPOA takes effect only during the time you are unable to make your own medical decisions.

What if I already have an Advance Directive?

- You should complete this form only if you want to change your Health Care Agent to a different person than the one named in your existing document.
- This form will replace any prior Health Care Power of Attorney documentation.
- If you previously completed a Living Will, the Living Will remains active. If a HCPOA was designated as part of the Living Will, this form will replace only that part.

My form is signed and witnessed. Now what should I do?

- Keep the original document in a secure but accessible place.
- Give a copy to your medical team in the clinics and hospitals where you receive care.
- Give copies to your Health Care Agent and alternative Health Care Agent, family, and anyone who might be involved in your health care.
- If you wish to express your preferences in greater detail, talk to your health care team or consult an attorney for your legal options.

What if I want to change my Health Care Power of Attorney Document?

- This document can be revoked or changed.
- If you want to change the document, you must complete a new one and write *Revoke* on the original, with the date.
- After making changes or creating a new document, provide the new document to anyone who has a copy of the original.
- You can consult an attorney to discuss your options.

Clinicians: Please reference Penn State Health Policies (including the Guide to Advance Directives) for more information.