

# WARNING TO PERSON EXECUTING THIS DOCUMENT

*This is an important legal document which is authorized by the general laws of this state. Before executing this document, you should know these important facts:*

- You must be at least eighteen (18) years of age and a resident of the state for this document to be legally valid and binding.
- This document gives the person you designate as your agent (the attorney in fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document or otherwise made known.
- Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.
- Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection at the time, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.
- This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of your desires and any limitation that you include in this document. You may state in this document any types of treatment that you do not desire.
- In addition, a court can take away the power of your agent to make health care decisions for you if your agent:
  - (1) Authorizes anything that is illegal,
  - (2) Acts contrary to your known desires, or
  - (3) Where your desires are not known, does anything that is clearly contrary to your best interests.
- Unless you specify a specific period, this power will exist until you revoke it. Your agent's power and authority ceases upon your death except to inform your family or next of kin of your desire, if any, to be an organ and tissue owner.
- You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital, or other health care provider orally or in writing of the revocation.
- Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.
- This document revokes any prior durable power of attorney for health care.
- You should carefully read and follow the witnessing procedure described at the end of this form. This document will not be valid unless you comply with the witnessing procedure.
- If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.
- Your agent may need this document immediately in case of an emergency that requires a decision concerning your health care. Either keep this document where it is immediately available to your agent and alternate agents or give each of them an executed copy of this document. You may also want to give your doctor an executed copy of this document.

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