

MASSACHUSETTS HEALTH CARE PROXY

TO MY FAMILY, DOCTORS,
AND ALL THOSE CONCERNED WITH MY CARE:

1. Appointment

I, **JANE Q. PUBLIC** (the principal), residing at Hampden County, Hometown, Massachusetts, being a competent adult at least eighteen (18) years of age or older, of sound mind and under no constraint or undue influence, hereby appoint the following person to be my HEALTH CARE AGENT under the terms of this document:

Name: **JOHN Q. PUBLIC**
Address: Hometown, Massachusetts
Telephone:

In so doing, I intend to create a Health Care Proxy according to Chapter 201D of the General Laws of Massachusetts. In making this appointment, I am giving my Health Care Agent the authority to make any and all health care decisions on my behalf, including decisions about life-sustaining treatment, subject to any limitations I state in this document, in the event that I should at some future time become incapable of making health care decisions for myself.

2. Powers Given to Health Care Agent

- A. I give my Health Care Agent full authority to make any and all health care decision for me including decisions about life-sustaining treatment, subject only to the limitations I state below:
- B. My Health Care Agent shall have authority to act on my behalf only if, when or for so long as a determination has been made that I lack the capacity to make or to communicate health care decisions for myself. This determination shall be made in writing by my attending physician according to accepted standards of medical judgment and the requirements of Chapter 201D of the General Laws of Massachusetts.
- C. The Authority of my Health Care Agent shall cease if my attending physician determines that I have regained capacity. The authority of my Health Care Agent shall recommence if I subsequently lose capacity and consent for treatment is required.
- D. I shall be notified of any determination that I lack capacity to make or communicate health care decisions where there is any indication that I am able to comprehend this notice.
- E. My Health Care Agent shall make health care decisions for me only after consultation with my health care providers and after full consideration of acceptable medical alternatives regarding diagnosis, prognosis, treatments and their side effects.
- F. My Health Care Agent shall make health care decisions for me only in accordance with my Health Care Agent's assessment of my wishes, including my religious and moral beliefs, or, if my wishes are unknown, in accordance with my Health Care Agent's assessment of my best interests.

3. Signature of Principal

I hereby sign my name to this Health Care Proxy in the presence of two (2) witnesses.

Signature: _____
JANE Q. PUBLIC

Date: _____, 2005

Complete here if the principal is physically incapable of signing:

I hereby sign the name of the principal at the principal's direction and in the presence of the principal and two (2) witnesses.

Name of Principal: _____

Name of Signatory: _____

Date: _____, 2005

Address of Signatory: _____

4. Witnesses

WITNESS ONE: I, the undersigned, have witnessed the signing of this document by the principal or at the direction of the principal and state that the principal appears to be at least eighteen (18) years of age, of sound mind and under no constraint or undue influence. I have not been named as Health Care Agent or alternate Health Care Agent in this document.

Signature: _____

Name (print): _____

Address: _____

Date: _____, 2005

WITNESS TWO: I, the undersigned, have witnessed the signing of this document by the principal or at the direction of the principal and state the principal appears to be at least eighteen (18) years of age, of sound mind and under no constraint or undue influence. I have not been named as Health Care Agent or alternate Health Care Agent in this document.

Signature: _____

Name (print): _____

Address: _____

Date: _____, 2005

5. Statement of Health Care Agent

Health Care Agent:

I have been named by the principal as the principal's Health Care Agent in this document.

(Please check one)

____ I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other facility defined in Section 70E of Chapter 111 of the General Laws of Massachusetts where the principal is presently a patient or resident or has applied for admission.

____ I am an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other facility defined in Section 70E of Chapter 111 of the General Laws of Massachusetts where the principal is presently a patient or resident or has applied for admission, and I am also related to the principal by blood, marriage or adoption.

I have read this document carefully and accept the appointment.

JOHN Q. PUBLIC, Health Care Agent