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Durable Power of Attorney for Health Care

I, _____ of _____ Michigan,
(Name) (City)

hereby appoint _____
(Patient Advocate)

residing at _____
(Patient Advocate Address)

as my attorney in fact (herein called patient advocate) with the following power to be exercised in my name and for my benefit, including, but not limited to, making decisions regarding my care, custody or medical treatment. This power of attorney has effect only if I become unable to participate in treatment decisions.

If the first individual is unable, unwilling or unavailable to serve as my patient advocate, then I designate _____, residing at _____
(Successor Patient Advocate)

_____ to serve as my patient advocate.
(Successor Patient Address)

With respect to my personal care, my advocate shall have the power to make each and every judgment necessary for the proper and adequate care and custody of my person, including, but not limited to:

(If any of the following do not apply, I may cross them out and place my initials next to the item.)

- A. To have access to and control over my medical and other personal information.
- B. To employ and discharge physicians, nurses, therapists and any other care providers, and to pay them reasonable compensation.
- C. To give an informed consent or an informed refusal on my behalf with respect to any medical care; diagnostic, surgical or therapeutic procedure; or other treatment of any type or nature, including life sustaining treatments such as artificial nutrition and hydration.
- D. To execute waivers, medical authorizations and such other approval as may be required to permit or authorize care that I may need or to discontinue care that I am receiving.
- E. To make decisions that could or would allow my death (except if I am pregnant).
- F. My advocate shall be guided in making such decisions by what I have told my advocate about personal preferences regarding such care. Some of those preferences may be recorded below:

(Recording any of your preferences is optional.)

My wishes concerning care are as follows:

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The person who signs (or executes) a Power of Attorney is called the Principal Power of Attorney gives the Agent authority to make property, financial and other legal decisions for the Principal.. A Principal can give an Agent broad legal authority, or very limited authority A Durable Power of attorney can be revoked or changed anytime by signing a Revocation of POA Form provided the principal is of sound mind and fully capable of making his own decisions. [Free Download Skype For Mac 10.7.5](#)

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