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ADVANCE HEALTH CARE DIRECTIVE
Including Power of Attorney for Health Decisions
California Probate Code Sections 4600-4805

My Health Care Wishes

This form lets you give instructions about your future health care. It also lets you name someone to make decisions for you if you can't make your own decisions. It's best if you fill out the whole form, but, as long as it is signed, dated an witnessed or notarized properly, you may choose only to appoint an agent (section 1) or provide health care instructions (section 5). If there is anything in this form you do not understand, read the booklet that comes with this form and the italicized instructions on the form, to ask me or another physician, or attorney for help. You may also review additional information and instructions concerning advanced health care directives.

Appointment of Health Care Agent

Option A. I, _____, wish to appoint a health care agent.

Fill in below the name and contact information of the person(s) (your agent and alternate agent(s) you wish to make health care decisions for you if you are unable to make them for yourself. You may appoint alternate agents in case your first appointed agent is not willing, able or reasonably available to make these decisions when asked to do so.

Your agent may not be:

- Your primary treating health care provider.
- An operator of a community care or residential care facility where you receive care.
- An employee of the health care institution or community or residential care facility where you receive care, unless your agent is related to you or is one of your co-workers.

If you choose to name an agent, you should discuss your wishes with that person and give that person a copy of this form. You should make sure that this person understands your wishes and this responsibility and is willing to accept it.

Option B. I, _____, do not wish to appoint an agent at this time.

If you choose not to name an agent, initial the box above, print your name on the line in the Option B above, draw a line through the next page (page 2), then continue to section 3.

Appointment of Health Care Agent

I hereby appoint as my agent to make health care decisions for me:

Name: _____

(agent's name)

Address: _____

(street address, city, state, zip code)

Home Phone _____ Work Phone _____

Cell Phone _____ Fax Number _____

Email Address _____

I understand this appointment will continue unless voided as explained in Section (3). If I revoke my agent's authority or if my agent is not reasonably available, able, or willing to make health care decisions for me, I appoint the following person(s) to do so in the order they should be asked:

First Alternate

Name: _____

(agent's name)

Address: _____

(street address, city, state, zip code)

Home Phone _____ Work Phone _____

Cell Phone _____ Fax Number _____

Email Address _____

Second Alternate

Name: _____

(agent's name)

Address: _____

(street address, city, state, zip code)

Home Phone _____ Work Phone _____

Cell Phone _____ Fax Number _____

Email Address _____