Dignity Health.
Mercy Gilbert Medical Center

HEALTHCARE (MEDICAL) POWER OF ATTORNEY

It is important to choose someone to make healthcare decisions for you when you cannot. **Tell the person (agent) you choose what you would want.** The person you choose has the right to make any decision to ensure that your wishes are honored. If you **DO NOT** choose someone to make decisions for you, Arizona state law assigns surrogacy for medical decision-making power to the following people in order, as available: 1) the patient's spouse, 2) adult child of the patient, 3) a parent of the patient, 4) domestic partner of the patient, 5) a brother or sister of the patient, 6) a close friend of the patient, 7) attending doctor after consultation with the "Ethics Committee".

A surrogate who is not appointed as your agent or guardian cannot make decisions to withdraw the artificial administration of food or fluid.

I, _____, as principal designate _____ as my agent for matters relating to my healthcare, including, without limitation, full power to give or refuse consent to medical, surgical, hospital and related healthcare. This power of attorney is effective **ONLY** on my inability to make or communicate healthcare decisions. I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. I authorize any provider to disclose to my agent, without restriction, all of my individually identifiable health information and medical records to assist my agent in making decisions pursuant to this power of attorney. My agent's actions under this power have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

Print AGENT ADDRESS, RELATIONSHIP and PHONE NUMBER

_____
Address Relationship Phone Number

If the above agent is unwilling or unable to serve or continue to serve, I hereby appoint _____ as my agent.

Print ALTERNATE AGENT'S ADDRESS, RELATIONSHIP and PHONE NUMBER

_____
Address Relationship Phone Number

_____ I do _____ I do not wish to be an organ and tissue donor.

_____ I have _____ I have not completed and attached a living will to provide specific direction to my agent. My agent is directed to follow those choices I have initialed in the living will.

Signature: _____ Date: _____

Witness:
I affirm that I was present when this document was signed (marked), and I believe him/her to be of sound mind and to have completed this document voluntarily**. I am an adult, not related to him/her by blood, marriage or adoption, and not an agent named in this document. I am not, to my knowledge, a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her healthcare.**

Witness Signature: _____ Date: _____

◆ **Take a copy of this with you whenever you go to the hospital or on a trip** ◆