

## Health Care Power of Attorney

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### Health Care Power of Attorney

A Health Care Power of Attorney is used to grant the legal authority to act with regard to health care decisions, to an individual known as a “health care agent”, when a person cannot make or communicate those decisions for himself.

This “Health Care Agent” may make and carry out any and all health care decisions for you, except as you limit in the Health Care Power of Attorney. Your “health care agent” has the obligation to use due care to act in your best interests, and in accordance with your document. You may revoke your Health Care Power of Attorney at any time that you are competent either in writing, or by orally communicating your intent to revoke it in a clear and consistent manner to your “health care agent.”

The Health Care Agent acts with regard to the following medical decisions, but is not limited to only them, subject to the some exceptions noted below:

- A. Requesting, reviewing, and receiving any information, verbal or written regarding my physical or mental health, including, but not limited to, medical and hospital records, and to consent to the disclosure of this information.
- B. Employing or discharging my health care providers.
- C. Consenting to and authorizing my admission to and discharge from a hospital, nursing or convalescent home, hospice, long-term care facility, or other health care facility.
- D. Consenting to and authorizing my admission to and retention in a facility for the care or treatment of mental illness.
- E. Consenting to and authorizing the administration of medications for mental health treatment and electroconvulsive treatment (ECT) commonly referred to as "shock treatment."
- F. Giving consent for, withdrawing consent for, or withholding consent for, X-ray, anesthesia, medication, surgery, and all other diagnostic and treatment procedures ordered by or under the authorization of a licensed physician, dentist, podiatrist, or other health care provider. This authorization specifically includes the power to consent to measures for relief of pain.
- G. Authorizing the withholding or withdrawal of life-prolonging measures.
- H. Providing my medical information at the request of any individual acting as my attorney-in-fact under a durable power of attorney or as a Trustee or successor Trustee under any Trust Agreement of which I am a Grantor or Trustee, or at the request of any other individual whom my health care agent believes should have such information. I

desire that such information be provided whenever it would expedite the prompt and proper handling of my affairs or the affairs of any person or entity for which I have some responsibility. In addition, I authorize my health care agent to take any and all legal steps necessary to ensure compliance with my instructions providing access to my protected health information. Such steps shall include resorting to any and all legal procedures in and out of courts as may be necessary to enforce my rights under the law and shall include attempting to recover attorneys' fees against anyone who does not comply with this health care power of attorney.

I. To the extent I have not already made valid and enforceable arrangements during my lifetime that have not been revoked, exercising any right I may have to authorize an autopsy or direct the disposition of my remains.

J. Taking any lawful actions that may be necessary to carry out these decisions, including, but not limited to: (i) signing, executing, delivering, and acknowledging any agreement, release, authorization, or other document that may be necessary, desirable, convenient, or proper in order to exercise and carry out any of these powers; (ii) granting releases of liability to medical providers or others; and (iii) incurring reasonable costs on my behalf related to exercising these powers, provided that this health care power of attorney shall not give my health care agent general authority over my property or financial affairs.

#### Special Provisions and Limitations on the Power of the Health Care Agent:

A. Limitations about withholding Artificial Nutrition or Hydration;

B. Limitations Concerning Health Care Decisions such as when life-prolonging measures should be withheld or discontinued, or instructions to refuse any specific types of treatment that are inconsistent with your religious beliefs, or otherwise.

C. Limitations Concerning Mental Health Decisions such as the grant of authority to make only mental health treatment decisions, or the administration or withholding of psychotropic medications and electroconvulsive treatment (ECT), or instructions regarding your admission to and retention in a health care facility for mental health treatment, or instructions to refuse any specific types of treatment that are unacceptable to you.

D. Limitations Concerning Advance Instructions for Mental Health Treatment.

E. Limitations Concerning Autopsy and Disposition of Remains regarding burial or cremation.

F. Limitations Concerning Donation of needed organs or parts, or body for anatomical study.

If you need more information about your Health Care Power of Attorney, call us today at 910 551-1926, or email us at <mailto:rnoble@noblelegalservices.com> to receive your "Free Consultation" and see how "We plot your destination and navigate your course."