

Power of Attorney for Healthcare



Use this document (fillable form attached below) to choose the person who will carry out your health care instructions in case you are not conscious or are unable to make those decisions.

You do not have to choose a family member. If you do, make sure to give that person a notarized copy. Also share the document with other family members and give a copy to your doctor.

This document only gives powers to your chosen person while you are living. You may take away that power or change it at any time.

Last updated on June 22, 2023.

[Power of Attorney, Advance Directives, Health Care Power of Attorney, Do Not Resuscitate \(DNR\) Orders](#)
[power of attorney](#)

Files

[Fillable DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS GENERAL STATEMENT OF AUTHORITY GRANTED_1_1.pdf](#)

How helpful do you find the information on this page?

- ☐ Not helpful
- ☐ Somewhat helpful
- ☐ Very helpful

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- ☐ N/A
- ☐ Not related to my issue
- ☐ Not enough information
- ☐ Unclear information

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- FAP explains
 - Who qualifies
 - What help is available
 - How to apply
- Hospital MUST give FAP information to you for free

Pause (X) **Don't wait** — ask as soon as you get a bill



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