

# Durable Power of Attorney for healthcare decisions

I, (your name) \_\_\_\_\_, (date of birth) \_\_\_\_\_, appoint the following agent(s) to make healthcare decisions for me when I am unable to make or communicate my own wishes:

## Please print

Name of agent: \_\_\_\_\_ PH: \_\_\_\_\_ PH: \_\_\_\_\_

Agent's address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Name of alternate agent: \_\_\_\_\_ PH: \_\_\_\_\_ PH: \_\_\_\_\_

Alternate's address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Agent may not be the treating healthcare provider, an employee of the treating healthcare provider, or an employee, owner, director or officer of a healthcare facility, unless that person is a relative or is bound to you by common vows to a religious life.

This Durable Power of Attorney for Healthcare Decisions (DPOAHD) shall become effective when I am unable to make decisions or unable to communicate my wishes regarding healthcare. This DPOAHD shall not be affected by my subsequent disability or incapacity. Any DPOAHD I have previously made is hereby revoked.

## Authority granted

### My healthcare agent may:

1. Consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition
2. Make all arrangements for me at any hospital, treatment facility, hospice, nursing home or similar institution
3. Employ or discharge healthcare personnel including physicians, psychiatrists, dentists, nurses, therapists or other persons who provide treatment for me
4. Request, receive and review any information, spoken or written, regarding my personal affairs or physical or mental health including medical and hospital records, and execute any releases or other documents that may be required to obtain such information.
5. Make decisions about organ and tissue donations, autopsy and the disposition of my body

### My agent shall authorize consent for the following special instructions:

- YES  NO I wish to be a donor for organs and tissues.
- YES  NO I have attached information about treatment choices I wish to have honored by my agent. \_\_\_\_\_ page(s) attached.

### Limitations on authority granted

#### My healthcare agent may not:

1. Exceed the powers set out in writing in this document; or
2. Revoke any existing Declaration (Living Will) I may have.

X \_\_\_\_\_  
Signature Date

## Notary public:

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
(month/year)

Signature of notary: \_\_\_\_\_

Or witnesses (witnesses may not be the agent or a relative, or beneficiary of the principal):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notary seal:

# Advance care planning

## Advance directives

The Durable Power of Attorney for healthcare decisions and the Declaration of Natural Death (Living Will)

### What is a Durable Power of Attorney for healthcare decisions? (DPOAHD)

- It is a document that allows you to name an agent to make healthcare decisions for you should you ever become unable (unconscious, incompetent) to speak for yourself.
- You give the agent the right/power to make healthcare decisions on your behalf.
- You may give specific directions or general guidelines.
- You may clarify specific care that you do or do not want to receive.
- The goal is to ensure that your wishes will be known and honored.
- You may change your instructions or agent at any time.

### Will I need an attorney's help? Do I need witnesses?

- Although you may desire to consult an attorney, you may complete a DPOAHD on your own.
- Your signature must be witnessed by two witnesses OR be notarized. The witnesses must be at least 18 years old, unrelated to you, not beneficiaries of your estate, and not financially responsible for your healthcare.
- Be sure to date and initial changes on all copies of the document.

### How does the DPOAHD differ from a Power of Attorney?

- Neither a Power of Attorney nor a General Durable Power of Attorney empowers anyone to make healthcare decisions for you. Such documents normally address financial and/or business matters.

### What is a Declaration of Natural Death (also known as a Living Will)?

- A Declaration (Living Will) expresses your wishes for healthcare in the event that you are unable to speak for yourself and two doctors agree that you are terminally ill. A DPOAHD expresses your wishes for healthcare in the event you become unable to speak for yourself, but are not deemed terminally ill.
- A Declaration is useful, but it does not replace the need for Kansans to complete a DPOAHD, which is more versatile.